# Iowa EMS Registry Data Dictionary

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Iowa Department of Public Health (IDPH)

Bureau of Emergency and Trauma Services (BETS)

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# **Contents**

| Introduction                                     | 8  |
|--|----|
| Data Submissions and Forms                       | 9  |
| HIPAA Statement                                  | 10 |
| Response   | 12 |
| EMS Program Number                               | 13 |
| EMS Program Name                                 |    |
| Incident Number                                  | 15 |
| EMS Response Number                              | 16 |
| Type of Service Requested                        | 17 |
| Primary Role of the EMS Provider Crew            | 18 |
| Type of Dispatch Delay                           | 19 |
| Type of Response Delay                           | 20 |
| Type of Scene Delay                              | 21 |
| Type of Transport Delay                          | 22 |
| Type of Turn-Around Delay                        | 23 |
| EMS Vehicle Number                               | 24 |
| EMS Provider Crew Call Sign                      | 25 |
| Level of Care of This EMS Provider Crew          | 26 |
| Response Mode to Scene                           | 27 |
| Additional Response Mode Descriptors             | 28 |
| Dispatch   | 29 |
| Complaint Reported by Dispatch                   | 30 |
| Crew Member ID                                   | 32 |
| Crew Member Level                                | 33 |
| Crew Member Response Role                        | 34 |
| Public Safety Answering Point Call Date/Time     | 35 |
| EMS Provider Crew Notified by Dispatch Date/Time | 36 |
| EMS Provider Crew En Route Date/Time             | 37 |
| EMS Provider Crew Arrived on Scene Date/Time     | 38 |
| Arrived at Patient Date/Time                     | 39 |
| Transfer of EMS Patient Care Date/Time           | 40 |

|    | EMS Provider Crew Left Scene Date/Time         | 41 |
|----|--|----|
|    | Patient Arrived at Destination Date/Time       | 42 |
|    | Destination Patient Transfer of Care Date/Time | 43 |
|    | EMS Provider Crew Back in Service Date/Time    | 44 |
|    | EMS Provider Crew Canceled Date/Time           | 45 |
| P  | atient   | 46 |
|    | Patient Last Name                              | 47 |
|    | Patient First Name                             | 48 |
|    | Patient Home ZIP Code                          | 49 |
|    | Patient Gender                                 | 50 |
|    | Race   | 51 |
|    | Patient Age                                    |    |
|    | Patient Age Units                              | 53 |
|    | Patient Date of Birth                          | 54 |
|    | Primary Method of Payment                      | 55 |
|    | CMS Service Level                              | 56 |
| S  | cene   | 57 |
|    | First EMS Provider Crew on Scene               |    |
|    | Number of Patients at Scene                    | 59 |
|    | Mass Casualty Incident                         | 60 |
|    | Triage Classification for MCI Patient          | 61 |
|    | Incident Location Type                         | 62 |
|    | Incident Street Address                        | 64 |
|    | Incident City                                  |    |
|    | Incident State                                 | 66 |
|    | Incident ZIP Code                              | 67 |
|    | Incident County                                | 68 |
| Si | tuation  | 69 |
|    | Date/Time of Symptom Onset                     | 70 |
|    | Possible Injury                                | 71 |
|    | Complaint                                      | 72 |
|    | Primary Symptom                                | 73 |

| Other Associated Symptoms                          | 77  |
|--|-----|
| Provider Primary Impression                        | 82  |
| Provider Secondary Impression                      | 88  |
| Initial Patient Acuity                             | 93  |
| Work-Related Illness/Injury                        | 94  |
| Injury   | 95  |
| Cause of Injury                                    | 96  |
| Trauma Center Criteria                             | 103 |
| Vehicular, Pedestrian, or Other Injury Risk Factor | 104 |
| Main Area of the Vehicle Impacted by the Collision | 105 |
| Location of Patient in Vehicle                     | 106 |
| Use of Occupant Safety Equipment                   | 107 |
| Airbag Deployment                                  | 108 |
| Height of Fall (feet)                              | 109 |
| Cardiac Arrest                                     | 110 |
| Cardiac Arrest                                     |     |
| Cardiac Arrest Etiology                            | 112 |
| Resuscitation Attempted By EMS                     | 113 |
| Arrest Witnessed By                                | 114 |
| CPR Care Provided Prior to EMS Arrival             | 115 |
| CPR Care Provided Prior to EMS Arrival             | 116 |
| AED Use Prior to EMS Arrival                       | 117 |
| Who Used AED Prior to EMS Arrival                  | 118 |
| Date/Time Resuscitation Discontinued               | 123 |
| Reason CPR/Resuscitation Discontinued              | 124 |
| End of EMS Cardiac Arrest Event                    | 125 |
| History  | 126 |
| Barriers to Patient Care                           | 127 |
| Advance Directives                                 | 128 |
| Medication Allergies                               | 129 |
| Medical/Surgical History                           | 130 |
| Current Medications                                | 131 |

| Alcohol/Drug Use Indicators                                    | 132 |
|--|-----|
| Pregnancy  | 133 |
| Vitals   | 134 |
| Date/Time Vital Signs Taken                                    | 135 |
| Obtained Prior to this EMS Provider Crew Care                  | 136 |
| ECG Type   | 137 |
| Method of ECG Interpretation                                   | 138 |
| SBP (Systolic Blood Pressure)                                  | 139 |
| Method of Blood Pressure Measurement                           | 141 |
| Respiratory Rate   | 144 |
| Blood Glucose Level  | 147 |
| Glasgow Coma Score-Eye   |     |
| Total Glasgow Coma Score                                       | 152 |
| Level of Responsiveness (AVPU)                                 | 153 |
| Pain Scale Score   | 154 |
| Stroke Scale Score   | 155 |
| Stroke Scale Type  | 156 |
| Reperfusion Checklist  | 157 |
| Protocols  | 158 |
| Date/Time of Assessment  | 159 |
| Protocols Used   | 160 |
| Protocol Age Category  | 164 |
| Medications  | 165 |
| Date/Time Medication Administered                              | 166 |
| Medication Administered Prior to this EMS Provider Crew's Care | 167 |
| Medication Given   | 168 |
| Medication Administered Route                                  | 169 |
| Medication Dosage  | 171 |
| Response to Medication   | 174 |
| Medication Crew (Healthcare Professionals) ID                  | 176 |
| Role/Type of Person Administering Medication                   | 177 |
| Procedures   | 178 |
|  |     |

|   | Date/Time Procedure Performed                            | . 179 |
|---|--|-------|
|   | Procedure  | . 180 |
|   | Procedure Successful                                     | . 182 |
|   | Procedure Complication                                   | . 183 |
|   | Response to Procedure                                    | . 185 |
|   | Procedure Crew Members ID                                | . 186 |
|   | Role/Type of Person Performing the Procedure             | . 187 |
|   | Vascular Access Location                                 | . 188 |
|   | Airway Device Being Confirmed                            | . 190 |
|   | Suspected Reasons for Failed Airway Management           | . 191 |
| D | isposition   | . 192 |
|   | Transport Mode from Scene                                | . 203 |
|   | Reason for Choosing Destination                          | . 206 |
|   | Destination Team Pre-Arrival Alert or Activation         | . 208 |
|   | EMS Service Transferred to Name                          | . 211 |
| R | ecord  | . 212 |
|   | Patient Care Report Number                               | . 213 |
|   | Software Creator   | . 214 |
|   | Software Name  | . 215 |
|   | Software Version   | . 216 |
|   | EMS Program Unique State ID                              | . 217 |
|   | EMS Program Number                                       | . 218 |
|   | EMS Program State  | . 219 |
|   | EMS Program Service Area States                          | . 220 |
|   | EMS Program Service Area Counties                        | . 221 |
|   | Primary Type of Service                                  | . 222 |
|   | Level of Service   | . 223 |
|   | Organization Status                                      | . 224 |
|   | Organizational Type                                      | . 225 |
|   | EMS Program Organizational Tax Status                    | . 226 |
|   | Statistical Calendar Year                                | . 227 |
|   | State Associated with the Certification/Licensure Levels | . 228 |

| State Certification/Licensure Levels                                  | 229 |
|---|-----|
| EMS Certification Levels Permitted to Perform Each Procedure          | 230 |
| EMS Program Procedures  | 231 |
| EMS Certification Levels Permitted to Administer Each Medication      | 232 |
| EMS Program Medications   | 233 |
| EMS Program Protocols   | 234 |
| EMS Program Specialty Service Capability                              | 237 |
| Emergency Medical Dispatch (EMD) Provided to EMS Program Service Area | 238 |
| Patient Monitoring Capability(ies)                                    | 239 |
| Crew Call Sign  | 240 |

## Introduction

Every Emergency Medical Service (EMS) program has a responsibility to make evidence-based decisions, analyze those decisions and use data in a timely manner to continually make improvements. Quality data is at the core of this process. Use of data at the EMS program level supports EMS as an essential, fully integrated, value and outcomes based component of our state's healthcare continuum. EMS data is essential to collect in order to develop information that promotes decision support, quality improvements in patient care, and patient and practitioner safety

The Iowa Department of Public Health's Bureau of Emergency and Trauma Services (BETS) is the lead agency for Iowa's Emergency Medical Services (EMS) system as established in the State of Iowa Code: **147A.1A.** The Bureau of Emergency and Trauma Services is within the Division of Acute Disease Prevention and Emergency Response & Environmental Health (ADPER & EH).

**147A.4. (**1). *a*. states: The department shall adopt rules pertaining to the operation of service programs which have received authorization to utilize the services of certified emergency medical care providers. These rules shall include but need not be limited to requirements concerning physician supervision, necessary equipment and staffing, and **reporting** by service programs.

EMS data submission is established by Iowa Administrative Code chapter 132.3(5) Data Reporting.

- a. The service program shall submit reportable data to the Department via electronic transfer.
- b. Minimum reportable data elements are defined in The Iowa EMS Registry Data Dictionary. The data dictionary is available at the Iowa Department of Public Health, Bureau of Emergency and Trauma Services' Web site (www.idph.iowa.gov/BETS).
- c. Data shall be submitted in a format determined by the department.
- d. The service program shall submit reportable data to the department no later than the last day of the month following the month services were provided.

The Iowa EMS Data Dictionary will serve as the minimum EMS dataset and quality requirements for Iowa's EMS data registry system. This dataset is information describing a complete EMS encounter to provide documentation of the system performance and clinical care provided.

The Iowa EMS data registry is largely based upon the National Emergency Medical Services Information System (NEMSIS) Data Dictionary which is based on the National Highway Traffic Safety Administration (NHTSA) Data Standards. The NEMSIS data dictionary was developed through a collaborative effort with the EMS industry including: web-based reviews, public comment periods, focus groups, industry dialogue, topic focused projects, and consensus.

The electronic lowa EMS data registry currently in use is the Image Trend Elite system. The Iowa Department of Public Health is required by law to seek bids from software vendors. For those seeking further information on application and contracting opportunities, please contact the Iowa Department of Administrative Services, General Services Enterprise, http://das.gse.iowa.gov/.

## **Data Submissions and Forms**

The elements provided in this document are to be submitted by all authorized Iowa EMS programs to the Iowa EMS data registry.

#### **Required Data Elements and Form Placement**

The following data headings appear for each data element.

**Definition:** The definition for the data element.

**Field Values:** A list of values associated with the data element. Not all data elements have predefined value sets and may require a free-form text response.

**Additional Information:** Information to assist users in selecting the most applicable value for the data element.

**ImageTrend Data Element Tag:** An internal identifier in the EMS registry for clarification of element names.

## **Timing of Submissions**

Data will be submitted by service programs no later than the last day of the month following the month that services were provided according to Iowa Administrative Code chapter 132.3(5)d.

#### **Direct Data Entry into the EMS Data Registry**

EMS programs may enter data directly into the lowa data registry system. Image Trend Elite is a web based system that is available to all services at no cost. The data shall be entered no later than the last day of the month following the month that services were provided according to lowa Administrative Code chapter 132.3(5)d.

## Third Party Upload of Data into the EMS Data Registry

EMS programs may submit data via third party electronic system upload. Uploaded data should be entered monthly to assure that data is entered no later than the last day of the month following the month that services were provided according to Iowa Administrative Code chapter 132.3(5)d.

#### **Validation Scores**

Validation rules have been developed for the state EMS data registry. These validation rules are in place to help ensure complete data is submitted. The completeness of the data directly impacts the usefulness of data in quality and performance improvement. In the ImageTrend registry, this corresponds with the system validation which is represented by a number, with scores being reduced for missing information. EMS Programs that are completing direct data entry into the registry should have a minimum average validation score of 85 for records. Scores lower than 85 are indicative of records with significant discrepancies.

EMS Programs that are using a third party vendor to upload data will innately have a validation score lower than 100%. There are fields that are not required for state submission that have validation scores within the State registry system. These validation rules are in place to assist EMS Programs that complete direct data entry. When a third party upload of data is completed, the State EMS data registry will automatically run a system validation on the uploaded data. Since the uploaded data will not have

all the same components as the direct entry data, some validation rules will not be met, resulting in a lower validation score. IDPH will monitor uploaded data to ensure state required fields are completed.

## **HIPAA Statement**

The Iowa Department of Public Health (IDPH), in conjunction with the Attorney General's Office, has completed a comprehensive review of its programs and has determined that neither the agency as a whole, nor any of its programs, are covered entities under HIPAA. Because IDPH is not a covered entity, many agencies and facilities in Iowa that are covered entities have questioned whether they can continue to disclose the protected health information of their patients or clients to the IDPH as they have in the past. The short answer is YES, such disclosures may continue to occur under HIPAA.

First, HIPAA recognizes that if there is a statute or administrative rule that requires a specific disclosure of protected health information (PHI), a covered entity must obey that law (Section 164.512). Therefore, if there is another federal or state statute or administrative rule which requires a covered entity to disclose protected health information to the IDPH, the covered entity should follow that requirement. Many disclosures of PHI to IDPH are required by state laws, including lowa Code chapters 135, 136A, 136B, 136C, 139A, 141A, 144, 147A, and 272C and the administrative rules that implement these chapters. These disclosures are legally required and must continue to be made as mandated by state law.

Second, HIPAA allows a covered entity to disclose protected health information to public health authorities for public health activities (Section 164.512). HIPAA defines a public health authority as "an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate," (Section 164.501). The IDPH has such a mandate and, therefore, is a public health authority under HIPAA.

The IDPH, in conjunction with the Iowa Attorney General's Office, has reviewed its programs and determined that protected health information being received by the Department from covered entities in Iowa is disclosed for public health activities. The disclosure of such information to IDPH is, therefore, unaffected by HIPAA and should continue in accordance with past practices. Because IDPH is a public health authority that is authorized to receive PHI under this provision, covered entities are not required to enter into a business associate agreement with IDPH in order for the exchange of protected health information to take place.

Third, in some instances, the IDPH is a health oversight agency as defined by HIPAA. Under HIPAA, a "health oversight agency" is "an agency or authority of the United States, a state, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is authorized by law to oversee the health care system (whether public or private) or government programs in which health information is necessary to determine eligibility or compliance, or to enforce civil rights laws for which health information is relevant."

HIPAA permits a covered entity to disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

- i. The health care system (e.g. State insurance commissions, state health professional licensure agencies, Offices of Inspectors General of federal agencies, the Department of Justice, state Medicaid fraud control units, Defense Criminal Investigative Services, the Pension and Welfare Benefit Administration, the HHS Office for Civil Rights, the FDA, data analysis to detect health care fraud);
- ii. Government benefit programs for which health information is relevant to beneficiary eligibility (e.g. SSA and Dept. of Education);
- iii. Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards (e.g. Occupational Health and Safety Administration and the EPA; the FDS's oversight of food, drugs, biologics, devices, and other products pursuant to the Food, Drug, and Cosmetic Act and the Public Health Service Act); or
- iv. Entities subject to civil rights laws for which health information is necessary for determining compliance (the U.S. Department of Justice's civil rights enforcement activities, enforcement of the Civil Rights of Institutionalized Persons Act, the Americans with Disabilities Act, the EEOC's civil rights enforcement activities under titles I and V of the ADA) (Section 164.512(d)).

"Overseeing the health care system," encompasses activities such as oversight of health care plans, oversight of health benefit plans; oversight of health care providers; oversight of health care and health care delivery; oversight activities that involve resolution of consumer complaints; oversight of pharmaceutical, medical products and devices, and dietary supplements; and a health oversight agency's analysis of trends in health care costs, quality, health care delivery, access to care, and health insurance coverage for health oversight purposes.

Health oversight agencies may provide more than one type of health oversight. Such entities are considered health oversight agencies under the rule for any and all of the health oversight functions that they perform. The disclosure of protected health information to IDPH for these purposes is unaffected by HIPAA and should continue in accordance with past practices.

Finally, local public health departments and local contractors, which are covered entities, may release protected health information to IDPH under the above-cited legal authority applicable to all covered entities. For example, certain statutes and rules require local public health departments and local contractors to disclose protected health information to IDPH. Further, as a health oversight agency a local health department is permitted, and in most cases required, to disclose protected health information to IDPH. Disclosures of PHI by local public health departments and local contractors to IDPH do not require business associate agreements and are not prohibited or otherwise affected by HIPAA.

# Response



# **EMS Program Number**

**Definition:** The state-assigned number of the responding EMS Program.

## **Field Values**

• 7 character length text

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | No        |
| NEMSIS           | Yes           | No        |

**State Validation Score:** NA

# **EMS Program Name**

**Definition:** The Name of the EMS Program

## **Field Values**

• Up to 50 character text length

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | No        |
| NEMSIS           | No            | No        |

**State Validation Score: NA** 

## **Incident Number**

**Definition:** The incident number assigned by the 911 Dispatch System.

## **Field Values**

- Up to 50 character text length
- Not Applicable
- Not Recorded

## **Additional Information:**

• This number can be used to associate multiple EMS responses, dispatch information, and other information to the same EMS event or patient.

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# **EMS Response Number**

**Definition:** The internal EMS response number which is unique for each EMS Vehicle's response to an incident within an EMS Program.

## **Field Values**

- Up to 50 character text length
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## Type of Service Requested

**Definition:** The type of service or category of service requested of the EMS Program responding for this specific EMS event.

## **Field Values**

- 911 Response (Scene)
- Intercept
- Interfacility Transport
- Medical Transport
- Mutual Aid
- Public Assistance/Other Not Listed
- Standby

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score:** 5

# Primary Role of the EMS Provider Crew

**Definition:** The primary role of the EMS Provider Crew which responded to this specific EMS event.

## **Field Values**

- Ground Transport
- Non-Transport Administrative (e.g., Supervisor)
- Non-Transport Assistance
- Non-Transport Rescue
- Air Transport-Helicopter
- Air Transport-Fixed Wing

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score:** 5

## Type of Dispatch Delay

**Definition:** The dispatch delays, if any, associated with the dispatch of the EMS Provider Crew to the EMS event.

#### **Field Values**

- Caller (Uncooperative)
- Diversion/Failure (of previous EMS Provider Crew)
- High Call Volume
- Language Barrier
- Location (Inability to Obtain)
- No EMS Vehicles Available
- None/No Delay
- Other
- Technical Failure (Computer, Phone etc.)
- Not Applicable
- Not Recorded

**Additional Information:** A response delay is any time delay that occurs from the time notified by dispatch (eTimes.03) to the time arrived on scene

| Inclusion Entity | <b>Required Data</b> | Validated |
|------------------|----------------------|-----------|
|                  | Element              | Field     |
| State            | No                   | Yes       |
| NEMSIS           | No                   | Yes       |

**State Validation Score: 1** 

## Type of Response Delay

**Definition:** The response delays, if any, of the EMS Provider Crew associated with the EMS event.

#### **Field Values**

- Crowd
- Directions/Unable to Locate
- Distance
- Diversion (Different Incident)
- HazMat
- None/No Delay
- Other
- Rendezvous Transport Unavailable
- Route Obstruction (e.g., Train)
- Scene Safety (Not Secure for EMS)
- Staff Delay
- Traffic
- Vehicle Crash Involving this Emergency Dispatch Vehicle
- Vehicle Failure of this Emergency Dispatch Vehicle
- Weather
- Mechanical Issue-Vehicle, Equipment, etc.
- Flight Planning
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## Type of Scene Delay

**Definition:** The scene delays, if any, of the EMS Provider Crew associated with the EMS event.

#### **Field Values**

- Awaiting Air Emergency Dispatch Vehicle
- Awaiting Ground Emergency Dispatch Vehicle
- Crowd
- Directions/Unable to Locate
- Distance
- Extrication
- HazMat
- Language Barrier
- None/No Delay
- Other
- Patient Access
- Safety-Crew/Staging
- Safety-Patient
- Staff Delay
- Traffic
- Triage/Multiple Patients
- Vehicle Crash Involving this Emergency Dispatch Vehicle
- Vehicle Failure of this Emergency Dispatch Vehicle
- Weather
- Mechanical Issue-Vehicle, Equipment, etc.
- Not Applicable
- Not Recorded

**Additional Information:** A scene delay is any time delay that occurs from the time arrived on scene (eTimes.06) to the time left the scene (eTimes.09).

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Type of Transport Delay

**Definition:** The transport delays, if any, of the EMS Provider Crew associated with the EMS event.

#### **Field Values**

- Crowd
- Directions/Unable to Locate
- Distance
- Diversion
- HazMat
- None/No Delay
- Other
- Rendezvous Transport Unavailable
- Route Obstruction (e.g., Train)
- Safety
- Staff Delay
- Traffic
- Vehicle Crash Involving this Emergency Dispatched Vehicle
- Vehicle Failure of this Emergency Dispatched Vehicle
- Weather
- Patient Condition Change
- Not Applicable
- Not Recorded

**Additional Information:** A transport delay is any time delay that occurs from the time left the scene to the time the arrived at the destination.

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Type of Turn-Around Delay

**Definition:** The turn-around delays, if any, of EMS Provider Crew associated with the EMS event.

#### **Field Values**

- Clean-up
- Decontamination
- Distance
- Documentation
- ED Overcrowding / Transfer of Care
- Equipment Failure
- Equipment/Supply Replenishment
- None/No Delay
- Other
- Rendezvous Transport Unavailable
- Route Obstruction (e.g., Train)
- Staff Delay
- Traffic
- Vehicle Crash of this Emergency Dispatched Vehicle
- Vehicle Failure of this Emergency Dispatched Vehicle
- Weather
- EMS Crew Accompanies Patient for Facility Procedure
- Not Applicable
- Not Recorded

**Additional Information:** .If a patient is being transported, turn-around delay is any time delay that occurs from the time the patient arrived at the destination until the time back in service or back at the home location

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **EMS Vehicle Number**

**Definition:** The unique physical vehicle number of the responding Emergency Dispatched Vehicle.

## **Field Values**

• Up to 50 character text length

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score:** 5

# EMS Provider Crew Call Sign

**Definition:** The EMS Provider Crew call number used to dispatch and communicate. This may be the same as the EMS Provider Crew/Vehicle Number in many programs.

## **Field Values**

• Up to 50 character text length

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score:** 5

## Level of Care of This EMS Provider Crew

**Definition:** The level of care (BLS or ALS) provided based on the treatment capabilities for this EMS response.

#### **Field Values**

- BLS-First Responder/EMR
- BLS-Basic /EMT
- BLS-AEMT
- BLS-Intermediate
- BLS-Community Paramedicine
- ALS-AEMT
- ALS-Intermediate
- ALS-Paramedic
- ALS-Community Paramedicine
- ALS-Nurse
- ALS-Physician
- Specialty Critical Care

**Additional Information: NA** 

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score:** 5

## Response Mode to Scene

**Definition:** The indication whether the response was emergent or non-emergent. An emergent response is an immediate response (typically using lights and sirens).

## **Field Values**

- Emergent (Immediate Response)
- Emergent Downgraded to Non-Emergent
- Non-Emergent
- Non-Emergent Upgraded to Emergent

**Additional Information: NA** 

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score:** 5

## Additional Response Mode Descriptors

**Definition:** The documentation of response mode techniques used for this EMS response.

#### **Field Values**

- Intersection Navigation-Against Normal Light Patterns
- Intersection Navigation-With Automated Light Changing Technology
- Intersection Navigation-With Normal Light Patterns
- Scheduled
- Speed-Enhanced per Local Policy
- Speed-Normal Traffic
- Unscheduled
- Lights and Sirens
- Lights and No Sirens
- No Lights or Sirens
- Initial No Lights or Sirens, Upgraded to Lights and Sirens
- Initial Lights and Sirens, Downgraded to No Lights or Sirens
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

State Validation Score: 1

# Dispatch



## **Complaint Reported by Dispatch**

**Definition:** The complaint dispatch reported to the responding EMS Provider Crew.

#### **Field Values**

- Abdominal Pain/Problems
- Allergic Reaction/Stings
- Animal Bite
- Assault
- Automated Crash Notification
- Back Pain (Non-Traumatic)
- Breathing Problem
- Burns/Explosion
- Carbon Monoxide/Hazmat/Inhalation/CBRN
- Cardiac Arrest/Death
- Chest Pain (Non-Traumatic)
- Choking
- Convulsions/Seizure
- Diabetic Problem
- Electrocution/Lightning
- Eye Problem/Injury
- Falls
- Fire
- Headache
- Healthcare Professional/Admission
- Heart Problems/AICD
- Heat/Cold Exposure
- Hemorrhage/Laceration
- Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle)
- Medical Alarm
- No Other Appropriate Choice
- Overdose/Poisoning/Ingestion
- Pandemic/Epidemic/Outbreak
- Pregnancy/Childbirth/Miscarriage
- Psychiatric Problem/Abnormal Behavior/Suicide Attempt
- Sick Person
- Stab/Gunshot Wound/Penetrating Trauma
- Standby
- Stroke/CVA
- Traffic/Transportation Incident
- Transfer/Interfacility/Palliative Care

- Traumatic Injury
- Well Person Check
- Unconscious/Fainting/Near-Fainting
- Unknown Problem/Person Down
- Drowning/Diving/SCUBA Accident
- Airmedical Transport

## **Additional Information: NA**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score:** 5

ImageTrend Data Element Tag: eDispatch.01

## Crew Member ID

**Definition:** Crew Member ID

## **Field Values**

- Up to 50 character text length
- Not Applicable
- Not Recorded
- Not Reporting

**Additional Information:** This field is automatically populated when name is chosen from list of providers

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eCrew.01

## **Crew Member Level**

**Definition:** The functioning level of the crew member ID during this EMS patient encounter.

#### **Field Values**

- Advanced Emergency Medical Technician (AEMT)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Paramedic
- Other Healthcare Professional
- Other Non-Healthcare Professional
- Physician
- Student
- Critical Care Paramedic
- Community Paramedicine
- Nurse Practitioner
- Physician Assistant
- Licensed Practical Nurse (LPN)
- Registered Nurse
- Not Applicable
- Not Recorded
- Not Reporting

Additional Information: This field is automatically populated when name is chosen from list of providers

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eCrew.02

## **Crew Member Response Role**

**Definition:** The role(s) of the role member during response, at scene treatment, and/or transport..

## **Field Values**

- Driver/Pilot-Response
- Driver/Pilot-Transport
- Other
- Other Patient Caregiver-At Scene
- Other Patient Caregiver-Transport
- Primary Patient Caregiver-At Scene
- Primary Patient Caregiver-Transport
- Not Applicable
- Not Recorded
- Not Reporting

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eCrew.03

## Public Safety Answering Point Call Date/Time

**Definition:** The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.

## **Field Values**

- Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eTimes.01

# **EMS Provider Crew Notified by Dispatch Date/Time**

**Definition:** The date/time the responding EMS Provider Crew was notified by dispatch.

## **Field Values**

• Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eTimes.03

# **EMS Provider Crew En Route Date/Time**

**Definition:** The date/time the EMS Provider Crew responded

#### **Field Values**

• Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300

Not Applicable

Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# **EMS Provider Crew Arrived on Scene Date/Time**

**Definition:** The date/time EMS Provider Crew arrived on the scene

## **Field Values**

- Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Arrived at Patient Date/Time

**Definition:** The date/time the responding EMS Provider Crew arrived at the patient's side.

## **Field Values**

- Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## Transfer of EMS Patient Care Date/Time

**Definition:** The date/time the patient was transferred from this EMS program to another EMS program for care

## **Field Values**

- Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300
- Not Applicable
- Not Recorded
- Not Reporting

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# **EMS Provider Crew Left Scene Date/Time**

**Definition:** The date/time the responding EMS Provider Crew left the scene with a patient.

#### **Field Values**

- Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Patient Arrived at Destination Date/Time

**Definition:** The date/time the responding EMS Provider Crew arrived with the patient at the destination or transfer point.

## **Field Values**

- Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# **Destination Patient Transfer of Care Date/Time**

**Definition:** The date/time that patient care was transferred to the destination healthcare facilities staff.

#### **Field Values**

- Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# **EMS Provider Crew Back in Service Date/Time**

**Definition:** The date/time the EMS Provider Crew was back in service and available for response (finished with call, but not necessarily back in home location).

#### **Field Values**

• Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score: 1** 

# **EMS Provider Crew Canceled Date/Time**

**Definition:** The date/time the EMS Provider Crew was canceled.

#### **Field Values**

• Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score:** 5

# **Patient**



## Patient Last Name

**Definition:** The patient's last (family) name.

## **Field Values**

- Up to 60 character text length
- Not Applicable
- Not Recorded
- Not Reporting

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Patient First Name

**Definition:** The patient's first (given) name.

## **Field Values**

• Up to 50 character text length

• Not Applicable

• Not Recorded

• Not Reporting

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Patient Home ZIP Code

**Definition:** The patient's ZIP code of residence.

## **Field Values**

• Up to 15 character text length

Not Applicable

• Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score:** 1

## Patient Gender

**Definition:** The patient's Gender

**Field Values** – Single select menu with the following options:

• Female

Male

- Unknown (Unable to Determine)
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score:** 1

## Race

**Definition:** The patient's race as defined by the OMB (US Office of Management and Budget)

Field Values - Multi-select menu with the following options:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# Patient Age

**Definition:** The patient's age (either calculated from date of birth or best approximation)

## **Field Values**

- Up to 3 character text length
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score:** 1

# Patient Age Units

**Definition:** The unit used to define the patient's age

Field Values: Single select menu with the following options

- Days
- Hours
- Minutes
- Months
- Years
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: NA** 

## Patient Date of Birth

**Definition:** The patient's date of birth

## **Field Values**

• Enter Month / Day / Year, example 12 / 25 / 1903

Not Applicable

- Not Recorded
- Not Reporting

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Primary Method of Payment

**Definition:** The primary method of payment or type of insurance associated with this EMS encounter

Field Values: Multi-select menu with the following options

- Insurance
- Medicaid
- Medicare
- Not Billed (for any reason)
- Other Government
- Self Pay
- Workers Compensation
- Payment by Facility
- Contracted Payment
- Community Network
- No Insurance Identified
- Other Payment Option
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
| `                | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **CMS Service Level**

**Definition:** The CMS service level for this EMS encounter.

Field Values: Single select menu with the following options

- ALS, Level 1
- ALS, Level 1 Emergency
- ALS, Level 2
- BLS
- BLS, Emergency
- Fixed Wing (Airplane)
- Paramedic Intercept
- Specialty Care Transport
- Rotary Wing (Helicopter)
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# Scene



## **First EMS Provider Crew on Scene**

**Definition:** Documentation that this EMS Provider Crew was the first EMS Provider Crew on the Scene

Field Values: Single select menu with the following options

- No
- Yes
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Number of Patients at Scene

**Definition:** Indicator of how many total patients were at the scene

Field Values: Single select menu with the following options

Multiple

None

• Single

• Not Applicable

Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# **Mass Casualty Incident**

**Definition:** Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources)

Field Values: Single select menu with the following options

- No
- Yes
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# **Triage Classification for MCI Patient**

**Definition:** The color associated with the initial triage assessment/classification of the MCI patient.

Field Values: Single select menu with the following options

- Red Immediate
- Yellow Delayed
- Green Minimal (Minor)
- Gray Expectant
- Black Deceased
- Not Applicable
- Not Recorded

**Additional Information: NA** 

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **Incident Location Type**

**Definition:** The kind of location where the incident happened

Field Values: Single select menu with the following options

- Assisted Living Facility
- Airport as the place of occurrence of the external cause
- Ambulatory surgery center as the place of occurrence of the external cause
- Amusement park as the place of occurrence of the external cause
- Apartment as the place of occurrence of the external cause
- Athletic court as the place of occurrence of the external cause
- Athletic field as the place of occurrence of the external cause
- Beach as the place of occurrence of the external cause
- Building [any] under construction as the place of occurrence of the external cause
- Campsite as the place of occurrence of the external cause
- College as the place of occurrence of the external cause
- Cultural building as the place of occurrence of the external cause
- Daycare center as the place of occurrence of the external cause
- Dock or shipyard as the place of occurrence of the external cause
- Elementary school as the place of occurrence of the external cause
- Factory as the place of occurrence of the external cause
- Farm as the place of occurrence of the external cause
- Health care provider office as the place of occurrence of the external cause
- High school as the place of occurrence of the external cause
- Hospital as the place of occurrence of the external cause
- Middle school as the place of occurrence of the external cause
- Military base as the place of occurrence of the external cause
- Mine or pit as the place of occurrence of the external cause
- Mobile home as the place of occurrence of the external cause
- Movie house or cinema as the place of occurrence of the external cause
- Nursing home as the place of occurrence of the external cause
- Oil rig as the place of occurrence of the external cause
- Other ambulatory health services establishments as the place of occurrence of the external cause
- Other paved roadways as the place of occurrence of the external cause
- Other specified industrial and construction area as the place of occurrence of the external cause
- Other specified public building as the place of occurrence of the external cause
- Other specified sports and athletic area as the place of occurrence of the external cause
- Prison as the place of occurrence of the external cause
- Private commercial establishments as the place of occurrence of the external cause
- Private garage of single-family (private) house as the place of occurrence of the external cause

- Public administrative building as the place of occurrence of the external cause
- Public park as the place of occurrence of the external cause
- Railroad track as the place of occurrence of the external cause
- Religious institution as the place of occurrence of the external cause
- School dormitory as the place of occurrence of the external cause
- Service areas as the place of occurrence of the external cause
- Single-family non-institutional (private) house as the place of occurrence of the external cause
- Skating rink as the place of occurrence of the external cause
- Street and highway as the place of occurrence of the external cause
- Swimming pool (public) as the place of occurrence of the external cause
- Swimming-pool in single-family (private) house or garden as the place of occurrence of the external cause
- Trade school as the place of occurrence of the external cause
- Unspecified non-institutional (private) residence as the place of occurrence of the external cause
- Unspecified residential institution as the place of occurrence of the external cause
- Unspecified school as the place of occurrence of the external cause
- Urgent care center as the place of occurrence of the external cause
- Wilderness area
- Zoological garden (Zoo) as the place of occurrence of the external cause
- Forest as the place of occurrence of the external cause
- Restaurant or cafAfÆ'A,Ac as the place of occurrence of the external cause
- Railway station as the place of occurrence of the external cause
- Other recreation area as the place of occurrence of the external cause
- Not Applicable
- Not Recorded

#### **Additional Information: NA**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **Incident Street Address**

**Definition:** The street address where the patient was found, or, if no patient, the address to which the EMS Provider Crew responded.

#### **Field Values**

- Up to 255 character text length
- Not Applicable
- Not Recorded
- Not Reporting

**Additional Information: NA** 

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# **Incident City**

**Definition:** The city or township (if applicable) where the patient was found or to which the EMS Provider Crew responded (or best approximation)

## **Field Values**

- City name options are based upon the Incident ZIP Code
- Not Applicable
- Not Recorded
- Not Reporting

**Additional Information: NA** 

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **Incident State**

**Definition:** The state, territory, or province where the patient was found or to which the EMS Provider Crew responded (or best approximation)

## **Field Values**

- State is auto-populated based upon the Incident ZIP Code
- Not Applicable
- Not Recorded

**Additional Information: NA** 

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## Incident ZIP Code

**Definition:** The ZIP code of the incident location

## **Field Values**

• Up to 15 character text length

• Not Applicable

Not Recorded

**Additional Information: NA** 

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score:** 1

# **Incident County**

**Definition:** The county or parish where the patient was found or to which the EMS Provider Crew responded (or best approximation)

## **Field Values**

- County name options are based upon the Incident ZIP Code
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# Situation



## Date/Time of Symptom Onset

**Definition:** The date and time the symptom began (or was discovered) as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.

#### **Field Values**

- Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eSituation.01

# Possible Injury

**Definition:** Indication whether or not there was an injury

## **Field Values**

- No
- Unknown
- Yes
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eSituation.02

# Complaint

**Definition:** The statement of the problem by the patient or the history provider.

## **Field Values**

- Up to 255 character text length
- Not Applicable
- Not Recorded
- Not Reporting

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eSituation.04

## **Primary Symptom**

**Definition:** The primary sign and symptom present in the patient or observed by EMS personnel

Field Values: Single select menu with the following options

- Abdominal pain acute onset
- Abdominal pain epigastric
- Abdominal pain generalized
- Abdominal pain lower quad(s)
- Abdominal pain pelvic or perineal
- Abdominal pain periumbilical
- Abdominal pain upper quad(s)
- Abdominal rigidity
- Abdominal tenderness
- Abdominal tenderness upon rebound
- Behavior Anxious
- Behavior Apathetic
- Behavior Combative/violent
- Behavior Excessive crying (infant)
- Behavior Excessive crying (non-infant)
- Behavior Hallucinations (auditory)
- Behavior Hallucinations (visual)
- Behavior Homicidal ideations
- Behavior Hyperactivity
- Behavior Irritable or angry
- Behavior Low self-esteem
- Behavior Nervousness
- Behavior Restless or agitated
- Behavior Slowness or poorly receptive
- Behavior Strange or bizarre
- Behavior Stressed
- Behavior Suicidal ideations
- Bleeding/hemorrhage
- CV Cardiogenic shock
- CV Hypovolemic
- EENT Acute sore throat
- EENT Epistaxis
- EENT Feeding difficulties
- EENT Hearing loss
- EENT Loss of voice
- EENT Nasal congestion
- EENT Sneezing

- EENT Snoring
- EENT Sore Throat
- EENT Visual disturbance
- EENT Visual loss
- EENT Visually has photophobia / discomfort
- Essential (primary) hypertension
- Falls (multiple)
- General chills
- General dry mouth
- General edema
- General edema (local pitting)
- General Excessive thirst
- General Fatigue
- General Fever
- General Malaise
- General weakness
- GI Ascites
- GI Belching
- GI Colic
- GI Constipation
- GI Diarrhea
- GI Distended Abdomen
- GI Flatulence
- GI Incontinent of stool
- GI Indigestion
- GI Jaundice
- GI Nausea
- GI Swallowing difficulty
- GI Swallowing unable to
- GI Vomiting
- GI Vomiting blood
- GI Vomiting projectile
- GU Priapism
- GU Urinary blood (hematuria)
- GU Urinary difficulty (dysuria)
- GU Urinary frequency (polyuria)
- GU Urinary incontinence
- GU Urinary retention
- GYN Irregular menstruation
- Hemiplegia, unspecified
- Hypotension
- Infectious Sepsis
- Insomnia

- Neuro Altered mental status
- Neuro Amnesia
- Neuro Disorientated/confusion
- Neuro Facial droop
- Neuro Gait has other disturbance
- Neuro Gait unsteady
- Neuro Gait with ataxia
- Neuro Headache
- Neuro Light-headedness/Dizziness
- Neuro Mental status is drowsiness
- Neuro Mental status is stupor / semicomatose
- Neuro Paralysis Hemiplegia or hemiparesis
- Neuro Paralysis Monoplegia (single limb)
- Neuro Paralysis Paraplegia
- Neuro Poor concentration
- Neuro Seizure febrile
- Neuro Seizure grand-mal or petit mal
- Neuro Speech is aphasic
- Neuro Speech is slurred
- Neuro Speech shows dysphasia
- Neuro Syncope
- Neuro Tremulous
- Neuro Unresponsive
- OB False labor/Braxton Hicks
- Pain Back
- Pain Chest (cardiac)
- Pain Chest (intercostal/rib)
- Pain Chest (pleuritic)
- Pain Chest palpitations
- Pain Chest-anterior wall
- Pain Ear
- Pain Eye
- Pain headache primary thunderclap
- Pain Jaw
- Pain Not otherwise listed
- Pain Toothache
- Resp Blood in sputum
- Resp Cough
- Resp Hiccough
- Resp Hoarseness
- Resp Hyperventilation
- Resp Respiratory arrest
- Resp Shortness of breath

- Resp Shortness of breath lying (Orthopnea)
- Resp Stridor
- Resp Wheezing
- Resp Wheezing
- Skin Burning or tingling sensation
- Skin Cyanosis
- Skin Decreased sensation to skin
- Skin Diaphoresis/excessive sweating / night sweats
- Skin Flushed
- Skin Hives
- Skin Itching
- Skin Numbness
- Skin other texture change
- Skin Pale
- Skin Rash
- Skin Swelling/mass/lump Localized
- Unspecified convulsions
- Vaginal bleeding
- Weight Anorexia
- Weight Excessive loss
- Weight Gain (abnormal)
- Weight Loss (abnormal)
- Weight Overweight
- Not Applicable
- Not Recorded

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **Other Associated Symptoms**

**Definition:** Other symptoms identified by the patient or observed by EMS personnel

Field Values: Single select menu with the following options

- Abdominal distension (gaseous)
- Abdominal rigidity, unspecified site
- Abdominal tenderness
- Abnormal uterine and vaginal bleeding, unspecified
- Abnormal weight gain
- Abnormal weight loss
- Acute abdomen
- Acute pharyngitis
- Altered mental status, unspecified
- Anesthesia of skin
- Anorexia
- Aphagia
- Aphasia
- Aphonia
- Apnea, not elsewhere classified
- Ascites
- Asphyxia
- Ataxia, unspecified
- Ataxic gait
- Attention and concentration deficit
- Auditory hallucinations
- Cachexia
- Cardiogenic shock
- Chest pain on breathing
- Chest pain, unspecified
- Chills (without fever)
- Colic
- Constipation, unspecified
- Cough
- Cramp and spasm
- Cyanosis
- Demoralization and apathy
- Diarrhea, unspecified
- Difficulty in walking, not elsewhere classified
- Disorientation, unspecified
- Dizziness and giddiness
- Dorsalgia, unspecified

- Dry mouth, unspecified
- Dysphagia, unspecified
- Dysphasia
- Dysphonia
- Dyspnea, unspecified
- Dysuria
- Edema, unspecified
- Epigastric pain
- Epistaxis
- Eructation
- Essential (primary) hypertension
- Excessive crying of child, adolescent or adult
- Excessive crying of infant (baby)
- Facial weakness
- False labor
- Fasciculation
- Febrile convulsions
- Fecal incontinence
- Feeding difficulties
- Fever, unspecified
- Flatulence
- Flushing
- Generalized abdominal pain
- Generalized hyperhidrosis
- Generalized idiopathic epilepsy and epileptic syndromes
- Headache
- Heartburn
- Hematemesis
- Hematuria
- Hemiplegia and hemiparesis
- Hemiplegia, unspecified
- Hemoptysis
- Hemorrhage, not elsewhere classified
- Hiccough
- Homicidal ideations
- Hyperventilation
- Hypoesthesia of skin
- Hypovolemic shock
- Insomnia, unspecified
- Intercostal pain
- Irregular menstruation, unspecified
- Irritability and anger
- Jaw pain

- Localized edema
- Localized swelling, mass and lump of skin and subcutaneous tissue
- Low self-esteem
- Monoplegia of lower limb affecting unspecified side
- Nasal congestion
- Nausea
- Nervousness
- Ocular pain, unspecified eye
- Orthopnea
- Otalgia, unspecified ear
- Other abnormal involuntary movements
- Other abnormalities of gait and mobility
- Other amnesia
- Other chest pain
- Other fatigue
- Other malaise
- Other polyuria
- Other skin changes
- Other specified disorders of teeth and supporting structures
- Overactivity
- Overweight
- Pain in throat
- Pain localized to other parts of lower abdomen
- Pain localized to upper abdomen
- Pain, unspecified
- Pallor
- Palpitations
- Paraplegia
- Paresthesia of skin
- Pelvic and perineal pain
- Periodic breathing
- Periumbilical pain
- Polydipsia
- Priapism
- Primary thunderclap headache
- Projectile vomiting
- Pruritus, unspecified
- Rash and other nonspecific skin eruption
- Rebound abdominal tenderness
- Repeated falls
- Respiratory arrest

- Restlessness and agitation
- Retention of urine, unspecified
- Severe sepsis with septic shock
- Shortness of breath
- Slowness and poor responsiveness
- Slurred speech
- Sneezing
- Snoring
- Somnolence
- State of emotional shock and stress, unspecified
- Strange and inexplicable behavior
- Stridor
- Stupor
- Suicidal ideations
- Syncope and collapse
- Tetany
- Tremor, unspecified
- Unspecified coma
- Unspecified convulsions
- Unspecified hearing loss, unspecified ear
- Unspecified jaundice
- Unspecified urinary incontinence
- Unspecified visual disturbance
- Unspecified visual loss
- Urticaria
- Violent behavior
- Visual discomfort
- Visual hallucinations
- Vomiting, unspecified
- Weakness
- Wheezing
- Worries
- Not Applicable
- Not Recorded

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 



## **Provider Primary Impression**

**Definition:** The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

Field Values: Single select menu with the following options:

- Abuse of Alcohol
- Abuse of Alcohol Intoxication
- Abuse of Alcohol Withdrawal
- Abuse of Cocaine
- Abuse of Hallucinogen
- Abuse of Inhalant Substances (huffing)
- Abuse of Narcotic (i.e. Heroin)
- Abuse of Psychoactive Substance
- Abuse of Sedative, Hypnotic or Anxiolytic
- Allergic Reaction
- Allergic Reaction with Shock (Anaphylaxis)
- Anemia
- Behavioral Anxiety
- Behavioral Depression
- Behavioral Disorientation
- Behavioral Hallucination Auditory
- Behavioral Hallucination Visual
- Behavioral Hostile
- Behavioral Mental Disorder Not Otherwise Listed
- Behavioral Strange Behavior
- Behavioral Suicidal/Homicidal Ideation
- Behavioral Suicide Attempt
- Behavioral Violent
- Bleeding or Hematoma Post Procedure/Medical Device
- Burn First degree
- Burn Second degree
- Burn Third degree
- Burn Unspecified Degree
- Cancer
- Congenital Deformity
- CV Abdominal Aortic Aneurysm
- CV Cardiac Arrest
- CV Cardiac Arrest/Obvious Death
- CV Cardiac Arrhythmia/Dysrhythmia
- CV Cardiac Tamponade
- CV Chest Pain Angina

- CV Chest Pain Myocardial Infarction (Non-STEMI)
- CV Chest Pain Presumed Cardiac
- CV Chest Pain STEMI of Anterior Wall
- CV Chest Pain STEMI of Inferior Wall
- CV Chest Pain STEMI of other sites
- CV Congestive Heart Failure (CHF)
- CV Hypertension
- CV Hypotension
- CV Hypovolemic Shock
- CV Pulmonary Embolism
- Dehydration
- Dental/Tooth Pain
- EENT Epistaxis (Non-traumatic)
- EENT Eye Pain (Non-traumatic)
- EENT Foreign Body to Ear
- EENT Foreign Body to Eye
- Endocrine Adrenocortical Insufficiency
- Endocrine Hyperglycemia Diabetic
- Endocrine Hypoglycemia Diabetic
- Endocrine Disorder Otherwise Not Listed
- Endocrine Hypoglycemia Non-diabetic
- Enviroment Poisonous Snake Bite
- Environment Altitude Sickness
- Environment Decompression Sickness (e.g. scuba diving)
- Environment Effects of Air or Water Pressure
- Environment Electrocution
- Environment Frostbite Superficial
- Environment Frostbite With Tissue Necrosis
- Environment Heat Exhaustion
- Environment Heatstroke
- Environment Hypothermia
- Environment Lightning Strike
- Environment Poisoning/Drug Ingestion
- Environment Stings/Venomous Bites
- Environment Suspected Exposure to a Health Hazard
- Environment Toxic Exposure (Accidental)
- Environment Toxic Exposure (Intentional)
- Fever
- GI Bleed Hematemesis
- GI Bleed Melena (Bloody Stool)
- GI/GU Abdominal Generalized
- GI/GU Abdominal Pain Acute Onset
- GI/GU Appendicitis Acute Onset

- GI/GU Bowel Obstruction
- GI/GU Constipation
- GI/GU Diarrhea
- GI/GU Esophageal Obstruction
- GI/GU Foreign Body Digestive System
- GI/GU Foreign Body Genitourinary Tract
- GI/GU GERD (Reflux)
- GI/GU GI Problem Not Otherwise Listed
- GI/GU GU Problem Not Otherwise Listed
- GI/GU Nausea (With Vomiting)
- GI/GU Nausea (Without Vomiting)
- GI/GU Obesity
- GI/GU Pelvic or Perineal Pain
- GI/GU Vaginal Bleeding
- Infectious Bronchitis Acute
- Infectious Common Cold
- Infectious Croup
- Infectious Disease Unspecified
- Infectious Encephalitis or Encephalomyelitis
- Infectious Epiglottitis
- Infectious Influenza (Flu Like Symptoms)
- Infectious Meningitis
- Infectious Pneumonia
- Infectious RSV
- Infectious SARS
- Infectious Sepsis
- Inhalant related disorders
- Injury Abdomen
- Injury Ankle
- Injury Ear
- Injury Elbow
- Injury Epidural Hemorrhage from Trauma
- Injury Eye and/or Orbit
- Injury Face
- Injury Foot
- Injury Forearm
- Injury Genitalia
- Injury Head with L.O.C.
- Injury Head without L.O.C.
- Injury Hip
- Injury Lower Back
- Injury Lower leg
- Injury Lung Hemothorax Traumatic

- Injury Lung Pneumothorax Traumatic
- Injury Neck
- Injury Nose
- Injury Not Otherwise Listed
- Injury Pelvis
- Injury Shoulder or Upper Arm
- Injury Subarachnoid Hemorrhage from Trauma
- Injury Subdural Hemorrhage from Trauma
- Injury Thigh (upper leg)
- Injury Thorax (upper chest)
- Injury Wrist, Hand, or Fingers
- Intracranial Stroke (CVA) Hemorrhagic
- Lab Hyperkalemia
- Malaise
- Maltreatment Adult Neglect Suspected
- Maltreatment Adult Physical Abuse Suspected
- Maltreatment Adult Sexual Abuse/Rape Suspected
- Maltreatment Child Neglect Suspected
- Maltreatment Child Physicial Abuse Suspected
- Maltreatment Child Sexual Abuse/Rape Suspected
- Metabolic Disorder Other
- Mobility Bedridden
- Mobility Reduced
- Neuro Altered Mental Status
- Neuro Headache
- Neuro Headache Migraine
- Neuro Hemiplegia
- Neuro Neuro Problem Not Otherwise Listed
- Neuro Paraplegia
- Neuro Seizure
- Neuro Status Epilepticus
- Neuro Stroke/CVA
- Neuro TIA (transient ischemic attack)
- Neuro Unconcious
- Neuro Visual Disturbance
- Newborn Care Care Not otherwise Listed
- Newborn Care Meconium Aspiration
- Newborn Care Normal
- Newborn Care Post-term
- Newborn Care Pre-Term
- Newborn Care Respiratory Distress
- OB Childbirth Complicated
- OB Childbirth Uncomplicated

- OB Contractions
- OB Obstetric Trauma
- OB Postpartum Hemorrhage
- OB Postpartum Hemorrhage Immediate
- OB Pre-eclampsia
- OB Preterm Labor with Delivery
- OB Preterm Labor Without Delivery
- OB Retained Placenta without Hemorrhage
- OB Spontaneous Abortion (Miscarriage)
- OB Spontaneous Rupture of Membranes (SROM)
- OB Vomiting Due to Pregnancy
- OB- OB/GYN Complaint Not Otherwise Listed
- Pain Back (Non-traumatic)
- Pain Chest (presumed non-cardiac)
- Pain Chronic
- Pain Extremety (Non-traumatic)
- Pain Neck (Non-traumatic)
- Pain Not Elsewhere Mentioned Sudden Onset
- Paralysis Quadriplegia
- Respiratory Acute Onset Distress
- Respiratory Arrest/Apnea
- Respiratory Asphyxia/Suffocation
- Respiratory Asthma Exacerbation
- Respiratory Bronchospasm Acute Onset
- Respiratory COPD Exacerbation
- Respiratory Distress Due to Chemicals, Gases, Fumes, or Vapors
- Respiratory Foreign Body Airway
- Respiratory Hemoptysis
- Respiratory Hyperventilation
- Respiratory Not Otherwise Listed
- Respiratory Pneumothorax (Spontaneous)
- Respiratory Pulmonary Edema Acute Onset
- Respiratory Smoke Inhalation
- Sickle Cell Anemia/Crisis
- Syncope Syncopal Episode (or Near)
- Vertigo
- Weakness
- Not Applicable
- Not Recorded

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 



## **Provider Secondary Impression**

**Definition:** The EMS personnel's impression of the patient's secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

**Field Values:** Single select menu with the following options:

- Abnormal uterine and vaginal bleeding, unspecified
- Acute abdomen
- Acute bronchitis, unspecified
- Acute bronchospasm
- Acute epiglottitis
- Acute nasopharyngitis [common cold]
- Acute obstructive laryngitis [croup]
- Acute pain, not elsewhere classified
- Acute pulmonary edema
- Acute respiratory distress syndrome
- · Alcohol dependence with withdrawal, unspecified
- Alcohol use, unspecified
- Alcohol use, unspecified with intoxication
- Allergy, unspecified
- Altered mental status, unspecified
- Anaphylactic shock, unspecified
- Anemia, unspecified
- Angina pectoris, unspecified
- Asphyxiation due to unspecified cause
- Bed confinement status
- Burn of unspecified body region, unspecified degree
- Caisson disease [decompression sickness]
- Cardiac arrest, cause unspecified
- Cardiac arrhythmia, unspecified
- Cardiac tamponade
- Cerebral infarction, unspecified
- Chronic obstructive pulmonary disease with (acute) exacerbation
- Chronic pain, not elsewhere classified
- Cocaine related disorders
- Congenital malformation, unspecified
- Constipation, unspecified
- Dehydration
- Dorsalgia, unspecified
- Effects of air pressure and water pressure
- Encephalitis and encephalomyelitis, unspecified
- Encounter for full-term uncomplicated delivery

- Epidural hemorrhage
- Epilepsy, unspecified, not intractable, with status epilepticus
- Epilepsy, unspecified, not intractable, without status epilepticus
- Epistaxis
- Esophageal obstruction
- Essential (primary) hypertension
- Fever, unspecified
- Foreign body in ear
- Foreign body in genitourinary tract, part unspecified
- Foreign body in respiratory tract, part unspecified
- Foreign body of alimentary tract, part unspecified
- Foreign body on external eye
- Frostbite with tissue necrosis of unspecified sites
- Functional diarrhea
- Gastro-esophageal reflux disease
- Generalized abdominal pain
- Hallucinogen related disorders
- Hb-SS disease with crisis
- Headache
- Heart failure, unspecified
- Heat exhaustion, unspecified
- Heatstroke and sunstroke
- Hematemesis
- Hemiplegia, unspecified affecting unspecified side
- Hyperkalemia
- Hypoglycemia, unspecified
- Hypotension, unspecified
- Hypothermia
- Hypovolemia
- Influenza due to unidentified influenza virus
- Inhalant related disorders
- Injury of eye and orbit
- Injury, unspecified
- Meconium aspiration
- Melena
- Meningitis, unspecified
- Mental disorder, not otherwise specified
- Metabolic disorder, unspecified
- Migraine, unspecified
- Neoplasms of unspecified behavior
- Non-ST elevation (NSTEMI) myocardial infarction
- Nontraumatic intracranial hemorrhage, unspecified
- Obesity, unspecified

- Obstetric trauma, unspecified
- Ocular pain, unspecified eye
- Opioid related disorders
- Other birth injuries
- Other chest pain
- Other complications of labor and delivery, not elsewhere classified
- Other contact with and (suspected) exposures hazardous to health
- Other effects of high altitude
- Other immediate postpartum hemorrhage
- Other malaise
- Other psychoactive substance related disorders
- Other reduced mobility
- Other specified diabetes mellitus with hyperglycemia
- Other specified diabetes mellitus with hypoglycemia
- Other specified disorders of teeth and supporting structures
- Other stimulant related disorders
- Paraplegia, unspecified
- Pelvic and perineal pain
- Pneumonia, unspecified organism
- Pneumothorax, unspecified
- Postpartum hemorrhage
- Post-term newborn
- Preterm [premature] newborn [other]
- Preterm labor with preterm delivery
- Preterm labor without delivery
- Primary inadequate contractions
- Pulmonary embolism
- Quadriplegia, unspecified
- Respiratory disorder, unspecified
- Respiratory distress of newborn
- Respiratory failure, unspecified
- Respiratory syncytial virus as the cause of diseases classified elsewhere
- Retained placenta without hemorrhage
- SARS-associated coronavirus as the cause of diseases classified elsewhere
- Sedative, hypnotic, or anxiolytic related disorders
- Sepsis, unspecified organism
- Spontaneous abortion
- ST elevation (STEMI) myocardial infarction of anterior wall
- ST elevation (STEMI) myocardial infarction of inferior wall
- ST elevation (STEMI) myocardial infarction of other sites
- Suicide attempt

- Sunburn of first degree
- Sunburn of second degree
- Sunburn of third degree
- Superficial frostbite of unspecified sites
- Syncope and collapse
- Transient cerebral ischemic attack, unspecified
- Traumatic hemothorax
- Traumatic pneumothorax
- Traumatic subarachnoid hemorrhage
- Traumatic subdural hemorrhage
- Unspecified acute appendicitis
- Unspecified adrenocortical insufficiency
- Unspecified asthma with (acute) exacerbation
- Unspecified infectious disease
- Unspecified injury of abdomen
- Unspecified injury of ankle
- Unspecified injury of ear
- Unspecified injury of elbow
- Unspecified injury of external genitals
- Unspecified injury of face
- Unspecified injury of foot
- Unspecified injury of forearm
- Unspecified injury of head
- Unspecified injury of hip
- Unspecified injury of lower back
- Unspecified injury of lower leg
- Unspecified injury of neck
- Unspecified injury of nose
- Unspecified injury of pelvis
- Unspecified injury of shoulder and upper arm
- Unspecified injury of thigh
- Unspecified injury of thorax
- Unspecified injury of wrist, hand and finger(s)
- Unspecified intracranial injury
- Unspecified pre-eclampsia
- Unspecified respiratory condition due to chemicals, gases, fumes and vapors
- Unspecified visual disturbance
- Unstable angina
- Vomiting of pregnancy, unspecified
- Weakness
- Not Applicable

## Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score:** 1



## **Initial Patient Acuity**

**Definition:** The acuity of the patient's condition upon EMS arrival at the scene.

Field Values: Single-select menu with the following options

- Critical (Red)
- Emergent (Yellow)
- Lower Acuity (Green)
- Dead without Resuscitation Efforts (Black)
- Not Applicable
- Not Recorded
- Not Reporting

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# **Work-Related Illness/Injury**

**Definition:** Indication of whether or not the illness or injury is work related.

**Field Values:** Single select menu with the following options:

- No
- Unknown
- Yes
- Not Applicable
- Not Recorded
- Not Reporting

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Injury



## **Cause of Injury**

**Definition:** The category of the reported/suspected external cause of the injury

Field Values: Multi-select menu with the following options:

- Abuse/Neglect/Maltreatment Suspected
- Agricultural machinery
- Air pressure injury from high, low, or changes in air pressure
- Aircraft (nonpowered) accident injuring occupant
- Aircraft accident injuring occupant
- Aircraft related accident while not in motion (e.g. boarding or deboarding aircraft, propeller, engine, etc.)
- Airgun, paintball gun, gas or spring-operated gun or firearm Accidental
- · Alcohol toxic effect of
- Animal contact with other mammals
- Animal contact with rodent
- Animal dog related injury by (bite, scratch, fall)
- Animal exposure to nonvenomous animal
- Asphyxiation cave-in or falling earth
- Asphyxiation due to being trapped in other low oxygen environment
- Asphyxiation by hanging
- Asphyxiation by mechanical threat to breathing
- Asphyxiation by mechanical threat to breathing due to other causes
- Asphyxiation by plastic bag
- Asphyxiation due to smothering under another person's body (in bed)
- Asphyxiation due to unspecified cause
- Asphyxiation from being trapped in a car trunk
- Asphyxiation from being trapped in a low oxygen environment
- Asphyxiation from being trapped in a refrigerator
- Asphyxiation from being trapped in bed linens
- Asphyxiation, smothered by pillow
- Asphyxiation, smothered in furniture
- Assault by other specified means (e.g. baseball bat, hockey stick, etc.)
- Assault by other means not listed elsewhere
- Bicycle related injury from nontraffic accident
- Bicycle related injury from traffic accident
- Blizzard (snow)(ice)
- Burn from hot air and other hot gases
- Burn from hot drinks, food, fats and cooking oils
- Burn from hot heating appliances, radiators and pipes
- Burn from hot household appliances
- Burn from hot tap-water

- Burn from hot water in bath or tub
- Burn from other heat and hot substance not listed
- Burn from other hot fluids
- Burn from other hot metals
- Burn from steam and other hot vapors
- Burn with hot engines, machinery and tools
- Burned by hot objects assault
- Burned by hot objects intent not known
- Burned by hot objects intentional self-harm
- Carbon Monoxide toxic effect of
- Cold excessive exposure to from man-made origin
- Cold, exposure to excessive natural cold
- Constriction by external item (ring, thread, etc.)
- Crush, caught, jammed, or pinched related injuries
- Crushed, pushed or stepped on by crowd or human stampede with or without fall
- Cut/Scratched by nonvenomous plant, thorns, spines, or sharp leaves
- Cut/Scratched by sharp glass
- Drowning Accidental in bath-tub
- Drowning Accidental in natural body of water
- Drowning Accidental in swimming-pool
- Drowning Accidental other location not listed
- Drowning Due to assault
- Drowning Due to intentional self-harm
- Drowning Unknown if accidental
- Earthquake
- Electrocution
- Electrocution from electric transmission lines
- Environmental man-made factors not listed
- Explosion by unknown explosive materials
- Explosion/rupture of pressurized devices related injury
- Explosive injury Assault
- Explosive injury Intent not known
- Explosive injury Intentional self-harm
- Fall due to ice or snow
- Fall from bed
- · Fall from building
- · Fall from chair
- Fall from cliff
- Fall from diving/jumping into water
- Fall from high place (Falling/jumping)
- Fall from high place (pushed/Assaulted)
- Fall from ladder
- Fall from other furniture

- Fall from playground equipment
- Fall from roof (or through)
- Fall from scaffolding
- Fall from toilet (or off of)
- Fall from tree
- Fall from wheelchair/scooter
- Fall from window (or out of)
- Fall ground level, slip, trip, or stumble
- Fall in shower or bathtub
- Fall on/down stairs and steps
- Fall other fall from one level to another
- Fall other slipping, tripping and stumbling and falls
- Fall while being carried by another person
- Falling into moving object (or lying or running)- intent not known
- Fire injury from controlled fire in building or structure
- Fire injury from controlled fire, not in building or structure
- Fire injury from ignition of highly flammable material
- Fire injury from ignition or melting of clothing or other apparel
- Fire injury from uncontrolled fire in building or structure
- Fire injury from uncontrolled fire not in building or structure
- Fire, flame, or smoke related injury assault
- Fire, flame, or smoke related injury intent not known
- Fire, flame, or smoke related injury intentional self-harm
- Fireworks discharge
- Flood
- Gun Shot wound accidental
- Gun shot wound assault
- Gun shot wound intent not known
- Gun shot wound intentional self-harm
- Gun shot wound from rifle, shotgun or larger firearm discharge and malfunction -Accidental
- Hand tool (nonpowered)
- Hand tool powered or household machinery injury
- Heat exposure to excessive natural heat
- Heat excessive exposure to from man-made origin
- Human bite assault
- Hurricane
- Hypodermic needle related injury
- Ice skates or sledding type accident
- Intent Not Known crashing of motor vehicle
- Intentional self-harm by jumping from a high place
- Jumping or lying in front of moving object Intentional self-harm
- Landslide, avalanche, and other earth movements

- Lawn mower related injury
- Legal Intervention injury sustained during encounter with law enforcement
- Lightning Strike
- Machinery related injury
- Military injury sustained during military operations
- Motorcycle rider injured in nontraffic accident
- Motorcycle rider injured in traffic accident
- Motorcycle three-wheel rider injured in collision with pedestrian or animal in traffic accident
- Motorcycle three-wheel rider injured in collision with pedestrian or animal in traffic accident
- Motorcycle three-wheel rider injured in nontraffic accident
- Motorcycle three-wheel rider injured in traffic accident
- MVC agricultural vehicle occupant injured in nontraffic accident
- MVC ambulance or fire unit occupant injured in traffic accident
- MVC ATV/Off-road vehicle occupant injured in traffic accident
- MVC bus occupant injured in collision with pedestrian or animal in traffic accident
- MVC bus occupant injured in nontraffic accident
- MVC car occupant injured in collision with pedestrian or animal in traffic accident
- MVC car occupant injured in nontraffic accident
- MVC car occupant injured in traffic accident
- MVC construction vehicle occupant injured in nontraffic accident
- MVC heavy transport vehicle occupant injured in collision with pedestrian or animal in traffic accident
- MVC heavy transport vehicle occupant injured in nontraffic accident
- MVC heavy transport vehicle occupant injured in traffic accident
- MVC industrial vehicle occupant injured in nontraffic accident
- MVC military vehicle occupant injured in nontraffic accident
- MVC military vehicle occupant injured in traffic accident
- MVC occupant of an animal-drawn vehicle injured in transport accident
- MVC occupant of bus injured in traffic accident
- MVC off-road motor-vehicle occupant injured in accident
- MVC other vehicle not listed occupant injured in vehicle accident
- MVC pick-up truck or van occupant injured in collision with pedestrian or animal in traffic accident
- MVC pick-up truck or van occupant injured in nontraffic accident
- MVC pick-up truck or van occupant injured in traffic accident
- MVC snowmobile occupant injured in nontraffic accident
- MVC snowmobile occupant injured in traffic accident
- MVC intentionally crashed to cause an injury Assault
- MVC intentionally crashed to cause self-harm
- Noise related injury
- Other mechanical force injury not listed

- Other mechanism of injury Intentional Self Harm (e.g. aircraft, electrocution, extreme cold)
- Parachutist accident
- Pedestrian other pedestrian transport device (e.g. wheelchair, stroller, mobility scooter, etc.)
- Pedestrian roller or in-line skates, scooter, or heelies type accident
- Pedestrian injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident
- Pedestrian struck by another on a pedestrian transport device
- Pedestrian struck by bicycle
- Pedestrian struck by car, pick-up truck or van in nontraffic accident
- Pedestrian struck by car, pick-up truck or van in traffic accident
- Pedestrian struck by heavy transport vehicle or bus
- Pedestrian struck by heavy transport vehicle or bus in nontraffic accident
- Pedestrian struck by heavy transport vehicle or bus in traffic accident
- Pedestrian Struck by motor vehice intentionally assault
- Pedestrian struck by motorcycle two or three-wheeled
- Pedestrian struck by other nonmotor vehicle
- Pedestrian struck by train or railway vehicle
- Pedestrian struck by unknown transport accident
- Penetrating injury with foreign body or object entering through skin (e.g. nail, lid of can, metal piece, wood piece, etc.)
- Poisoning poisoning by, adverse effect of underdosing of drugs, medicaments and biological substances
- Pushing or placed in front of moving object assault
- Radiation (ionizing) injury (e.g. x-rays)
- Radiation (nonionizing) injury
- Skateboard accident
- Slipping, tripping and stumbling without falling
- Smoke inhalation injury from controlled fire in building or structure
- Smoke inhalation injury from controlled fire not in building or structure
- Smoke inhalation injury from uncontrolled fire in building or structure
- Smoke inhalation injury from uncontrolled fire not in building or structure
- Snowboard accident
- Snow-ski accident
- Stabbed/Cut by sharp object assault
- Stabbed/Cut by sharp object intent not known
- Stabbed/Cut by sharp object ontentional self-harm by sharp object
- Stabbed/Cut by sharp object (knife, sword or dagger)
- Storm (e.g. dust storm, wind storm, tidal wave, etc.)
- Streetcar/light rail vehicle occupant injured in traffic accident
- Struck against or bumped into by another person Accidental
- Struck by blunt object assault
- Struck by blunt object ontent not known

- Struck by blunt object ontentional elf-harm
- Struck by blunt object by mechanical force
- Struck by bodily force assault
- Struck by thrown, projected or falling object
- Struck or struck against sports equipment
- Struck, hit, kicked, twist, bite or scratch by another person accidental
- Suicide attempt
- Sunlight exposure to
- Terrorism
- Terrorism involving biological weapons (e.g. Anthrax, Cholera, Smallpox)
- Terrorism involving chemical weapons (e.g. Sarin, Phosgene, Hydrogen Cyanide)
- Tornado
- Toxic effect of aflatoxin/mycotoxin food contaminants
- Toxic effect of gases, fumes and vapors
- Toxic effect of ingesting noxious substance
- Toxic effect of inorganic substance
- Toxic effect of pesticide
- Toxic effect of soaps and detergents
- Toxic effect of unknown substance
- Toxic effect of venomous animals and plants
- Toxic effect seafood
- Toxic effects of corrosive substance
- Toxic effects of halogen derivatives of aliphatic and aromatic hydrocarbons
- Toxic effects of metals
- Toxic effects of organic solvent
- Train/Railway occupant injured in railway accident
- Transport accident unspecified
- Ultraviolet light and man-made visible light injury (e.g. tanning bed, welding lights, etc.)
- Volcanic eruption
- Wagon. toboggan, or snow sled type accident
- War injury sustained during war operations
- Watercraft drowning and submersion due to accident on board watercraft, without accident to watercraft
- Watercraft drowning and submersion due to accident to watercraft
- Watercraft other injury due to accident on board watercraft, without accident to watercraft
- Watercraft other injury due to accident to watercraft
- Watercraft watercraft accidents involving bather, skier, swimmer, surfer or rider of another watercraft
- Wheelchair (powered) colliding with stationary object
- Not Applicable
- Not Recorded

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score:** 1



## **Trauma Center Criteria**

**Definition:** Physiologic and Anatomic Field Trauma Triage Criteria (steps 1 and 2) as defined by the Centers for Disease Control

Field Values: Multi-select menu with the following options:

- Amputation proximal to wrist or ankle
- Crushed, degloved, mangled, or pulseless extremity
- Chest wall instability or deformity (e.g., flail chest)
- Glasgow Coma Score <= 13</li>
- Open or depressed skull fracture
- Paralysis
- Pelvic fractures
- All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
- Respiratory Rate 29 breaths per minute (20 in infants aged <1 year) or need for ventilator support
- Systolic Blood Pressure <90 mmHg
- Two or more proximal long-bone fractures
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data |       |
|------------------|---------------|-------|
|                  | Element       | Field |
| State            | No            | Yes   |
| NEMSIS           | No            | Yes   |

**State Validation Score: 1** 

## Vehicular, Pedestrian, or Other Injury Risk Factor

**Definition:** Physiologic and Anatomic Field Trauma Triage Criteria (steps 1 and 2) as defined by the Centers for Disease Control.

Field Values: Multi-select menu with the following options:

- Auto v. Pedestrian/Bicyclist Thrown, Run Over, or > 20 MPH Impact
- 3 Fall Adults: > 20 ft. (one story is equal to 10 ft.)
- Fall Children: > 10 ft. or 2-3 times the height of the child
- Crash Death in Same Passenger Compartment
- Crash Ejection (partial or complete) from automobile
- Crash Intrusion, including roof: > 12 in. occupant site; > 18 in. any site
- Crash Vehicle Telemetry Data (AACN) Consistent with High Risk of Injury
- Motorcycle Crash > 20 MPH
- SBP < 110 for age > 65
- Anticoagulants and Bleeding Disorders
- Pregnancy > 20 weeks
- EMS Provider Judgment
- Burn, without other trauma
- Burn, with trauma mechanism
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

State Validation Score: 1

## Main Area of the Vehicle Impacted by the Collision

**Definition:** The area or location of initial impact on the vehicle based on 12-point clock diagram

Field Values: Single select menu with the following options:

- 1
- 2
- 3
- 5
- 6
- 7
- 0
- 0
- 10
- 11
- 12

Additional Information: The front of the vehicle is 12, passenger (right) side is 3, rear is 6, etc

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## **Location of Patient in Vehicle**

**Definition:** The seat row location of the vehicle at the time of the crash with the front seat numbered as 1

**Field Values:** Single select menu with the following options:

- Front Seat-Left Side (or motorcycle driver)
- Front Seat-Middle
- Front Seat-Right Side
- 7 Passenger in other enclosed passenger or cargo area (non-trailing unit such as a bus, etc.)
- Passenger in unenclosed passenger or cargo area (non-trailing unit such as a pickup, etc.)
- Riding on Vehicle Exterior (non-trailing unit)
- Second Seat-Left Side (or motorcycle passenger)
- Second Seat-Middle
- Second Seat-Right Side
- Sleeper Section of Cab (truck)
- Third Row-Left Side (or motorcycle passenger)
- Third Row-Middle
- Third Row-Right Side
- Trailing Unit
- Unknown

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## **Use of Occupant Safety Equipment**

**Definition:** Safety equipment in use by the patient at the time of the injury

**Field Values:** Multi- select menu with the following options:

- Child Booster Seat
- Eye Protection
- Helmet Worn
- Infant Car Seat Forward Facing
- Infant Car Seat Rear Facing
- None
- Other
- Personal Floatation Device
- Protective Clothing
- Protective Non-Clothing Gear
- Shoulder and Lap Belt Used
- Lap Belt Only Used
- Shoulder Belt Only Used
- Not Applicable
- Not Recorded
- Not Reporting

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# Airbag Deployment

**Definition:** Indication of Airbag Deployment.

**Field Values:** Multi-select menu with the following options:

- Airbag Deployed Front
- Airbag Deployed Side
- Airbag Deployed Other (knee, air belt, etc.)
- No Airbag Deployed
- No Airbag Present

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Height of Fall (feet)

**Definition:** The distance in feet the patient fell, measured from the lowest point of the patient to the

ground

Field Values: Up to 4 numeric digit feet length

Additional Information: Classify same level falls as 0 feet

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

ImageTrend Data Element Tag: elnjury.09

# **Cardiac Arrest**



## **Cardiac Arrest**

**Definition:** Indication of the presence of a cardiac arrest at any time during this EMS event

**Field Values:** Single select menu with the following options:

- No
- Yes, Prior to EMS Arrival
- Yes, After EMS Arrival
- Not Applicable
- Not Recorded

**Additional Information:** If this EMS event is for an interfacility transfer of a patient with a recent history of a cardiac arrest with ROSC, and who does not experience another cardiac arrest during transport, then do not document Cardiac Arrest (eArrest.01) with "Yes, Prior to EMS Arrival".

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Cardiac Arrest Etiology

**Definition:** Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)

**Field Values:** Single select menu with the following options:

- Cardiac (Presumed)
- Drowning/Submersion
- Drug Overdose
- Electrocution
- Exsanguination
- Other
- Respiratory/Asphyxia
- Trauma
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# **Resuscitation Attempted By EMS**

**Definition:** Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)

**Field Values:** Multi-select menu with the following options:

- Attempted Defibrillation
- Attempted Ventilation
- Initiated Chest Compressions
- Not Attempted-Considered Futile
- Not Attempted-DNR Orders
- Not Attempted-Signs of Circulation
- Not Applicable
- Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Arrest Witnessed By

**Definition:** Indication of who the cardiac arrest was witnessed by

Field Values: Multi-select menu with the following options:

- Not Witnessed
- Witnessed by Family Member
- Witnessed by Healthcare Provider
- Witnessed by Lay Person
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# **CPR Care Provided Prior to EMS Arrival**

**Definition:** Indication of who the cardiac arrest was witnessed by

**Field Values:** Single select menu with the following options:

- No
- Yes
- Not Applicable
- Not Recorded

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# **CPR Care Provided Prior to EMS Arrival**

**Definition:** Documentation of the CPR provided prior to EMS arrival

**Field Values:** Single select menu with the following options:

No

Yes

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **AED Use Prior to EMS Arrival**

**Definition:** Documentation of AED use Prior to EMS Arrival

**Field Values:** Single select menu with the following options:

- No
- Yes, Applied without Defibrillation
- Yes, With Defibrillation
- Not Applicable
- Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Who Used AED Prior to EMS Arrival

**Definition:** Documentation of who used the AED prior to this EMS Provider Crew's arrival

**Field Values:** Single select menu with the following options:

- Family Member
- First Responder (Fire, Law, EMS)
- Healthcare Professional (Non-EMS)
- Lay Person (Non-Family)
- Other EMS Professional (not part of dispatched response)

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Type of CPR Provided

**Definition:** Documentation of the type/technique of CPR used by EMS.

Field Values: Multi-select menu with the following options:

- Compressions-Continuous
- Compressions-External Band Type Device
- Compressions-External Plunger Type Device
- Compressions-External Thumper Type Device
- Compressions-Intermittent with Ventilation
- Compressions-Other Device
- Ventilation-Bag Valve Mask
- Ventilation-Impedance Threshold Device
- Ventilation-Mouth to Mouth
- Ventilation-Pocket Mask
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | <b>Required Data</b> | Validated |
|------------------|----------------------|-----------|
|                  | Element              | Field     |
| State            | No                   | Yes       |
| NEMSIS           | No                   | Yes       |

**State Validation Score: 1** 

# First Monitored Arrest Rhythm of the Patient

**Definition:** Documentation of what the first monitored arrest rhythm which was noted

**Field Values:** Single select menu with the following options:

- Asystole
- PEA
- Unknown AED Non-Shockable Rhythm
- Unknown AED Shockable Rhythm
- Ventricular Fibrillation
- Ventricular Tachycardia-Pulseless
- Not Applicable
- Not Recorded

**Additional Information:** Added term "Arrest" to title to clarify this is the arrest rhythm Values "Other" and "Normal Sinus Rhythm" removed since they are not Cardiac Arrest Rhythms. Value "Ventricular Tachycardia" has been changed to "Ventricular Tachycardia-Pulseless"

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Any Return of Spontaneous Circulation

**Definition:** Indication whether or not there was any return of spontaneous circulation

**Field Values**: Multi-select menu with the following options:

- No
- Yes, At Arrival at the ED
- Yes, Prior to Arrival at the ED
- Yes, Sustained for 20 consecutive minutes
- Not Applicable
- Not Recorded

**Additional Information:** This element needs to be documented when the patient has been in cardiac arrest and transported to a healthcare facility to show the change in patient condition, if any.

Any ROSC is defined as any brief (approximately >30 seconds) restoration of spontaneous circulation that provides evidence of more than an occasional gasp, occasional fleeting palpable pulse, or arterial waveform.

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# Date/Time of Cardiac Arrest

**Definition:** The date/time of the cardiac arrest (if not known, please estimate).

Field Values: Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300

Not Applicable

Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Date/Time Resuscitation Discontinued

**Definition:** The date/time resuscitation was discontinued.

Field Values: Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300

Not Applicable

Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Reason CPR/Resuscitation Discontinued

**Definition:** The reason that CPR or the resuscitation efforts were discontinued.

**Field Values:** Single select menu with the following options:

- DNR
- Medical Control Order
- Obvious Signs of Death
- Physically Unable to Perform
- Protocol/Policy Requirements Completed
- Return of Spontaneous Circulation (pulse or BP noted)
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **End of EMS Cardiac Arrest Event**

**Definition:** The patient's outcome at the end of the EMS event.

**Field Values:** Single select menu with the following options:

- Expired in ED
- Expired in the Field
- Ongoing Resuscitation in ED
- ROSC in the Field
- ROSC in the ED
- Ongoing Resuscitation by Other EMS
- Not Applicable
- Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# History



### **Barriers to Patient Care**

**Definition:** Indication of whether or not there were any patient specific barriers to serving the patient at the scene

Field Values: Multi-select menu with the following options:

- Cultural, Custom, Religious
- Developmentally Impaired
- Hearing Impaired
- Language
- None Noted
- Obesity
- Physical Barrier (Unable to Access Patient)
- Physically Impaired
- Physically Restrained
- Psychologically Impaired
- Sight Impaired
- Speech Impaired
- Unattended or Unsupervised (including minors)
- Unconscious
- Uncooperative
- State of Emotional Distress
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## **Advance Directives**

**Definition:** The presence of a valid DNR form, living will, or document directing end of life or healthcare treatment decisions

**Field Values:** Multi-select menu with the following options:

- Family/Guardian request DNR (but no documentation)
- Living Will
- None
- Other
- Other Healthcare Advanced Directive Form
- State EMS DNR or Medical Order Form
- Not Applicable
- Not Recorded
- Not Reporting

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score:** 5

# **Medication Allergies**

**Definition:** The patient's medication allergies

Field Values: Relevant field value for the data element

#### **Additional Information:**

• More than one medication may be entered for a patient

• A partial or full search string for the medication can be used to retrieve name

Not Applicable

Not Recorded

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# **Medical/Surgical History**

**Definition:** The patient's pre-existing medical and surgery history of the patient

Field Values: Relevant field value for the data element

Not Applicable

Not Recorded

Not Reporting

### **Additional Information:**

• Multiple medical/surgical history events may be entered for a patient

• A partial or full search string for the medical event can be used to retrieve name

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **Current Medications**

**Definition:** The medications the patient currently takes

**Field Values:** Relevant field value for the data element

- None Reported
- Refused
- Unable to Complete
- Unresponsive
- Not Applicable
- Not Recorded
- Not Reporting

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# **Alcohol/Drug Use Indicators**

**Definition:** Indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury

Field Values: Multi-select menu with the following options:

- Alcohol Containers/Paraphernalia at Scene
- Drug Paraphernalia at Scene
- Patient Admits to Alcohol Use
- Patient Admits to Drug Use
- Positive Level known from Law Enforcement or Hospital Record
- None Reported
- Refused
- Unable to Complete
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# **Pregnancy**

**Definition:** Indication of the possibility by the patient's history of current pregnancy

**Field Values:** Single select menu with the following options:

- No
- Possible, Unconfirmed
- Yes, Confirmed 12 to 20 Weeks
- Yes, Confirmed Greater Than 20 Weeks
- Yes, Confirmed Less Than 12 Weeks
- Yes, Weeks Unknown
- Refused
- Unable to Completed

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Vitals



# **Date/Time Vital Signs Taken**

**Definition:** The date/time vital signs were taken on the patient.

Field Values: Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300

Not Applicable

Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# **Obtained Prior to this EMS Provider Crew Care**

**Definition:** Indicates that the information which is documented was obtained prior to the documenting EMS Provider Crew's care.

**Field Values:** Single select menu with the following options:

- No
- Yes
- Not Applicable
- Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# **ECG** Type

**Definition:** The type of ECG associated with the cardiac rhythm.

**Field Values:** Single select menu with the following options:

- 3 Lead
- 4 Lead
- 5 Lead
- 12 Lead-Left Sided (Normal)
- 12 Lead-Right Sided
- 15 Lead
- 18 Lead
- Other (Not Listed)
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# Method of ECG Interpretation

**Definition:** The method of ECG interpretation.

Field Values: Multi-select menu with the following options:

- Computer Interpretation
- Manual Interpretation
- Transmission with No Interpretation
- Transmission with Remote Interpretation
- Not Applicable
- Not Recorded

### **Additional Information**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# SBP (Systolic Blood Pressure)

**Definition:** The patient's systolic blood pressure.

Field Values: Up to 3 numeric digits

• Not Applicable

• Not Recorded

• Exam Finding Not Present

Refused

• Unable to Complete

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# DBP (Diastolic Blood Pressure)

**Definition:** The patient's diastolic blood pressure.

Field Values: Up to 3 numeric digits

• Not Applicable

• Not Recorded

• Exam Finding Not Present

Refused

• Unable to Complete

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Method of Blood Pressure Measurement

**Definition:** Indication of method of blood pressure measurement.

Field Values: Single select menu with the following options:

- Arterial Line
- Doppler
- Cuff-Automated
- Cuff-Manual Auscultated
- Cuff-Manual Palpated Only
- Venous Line
- Not Applicable
- Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **Heart Rate**

**Definition:** The patient's heart rate expressed as a number per minute.

Field Values: Up to 3 numeric digits

• Not Applicable

• Not Recorded

• Exam Finding Not Present

Refused

• Unable to Complete

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Pulse Oximetry

**Definition:** The patient's oxygen saturation.

Field Values: Up to 2 numeric digits

• Not Applicable

• Not Recorded

• Exam Finding Not Present

Refused

• Unable to Complete

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Respiratory Rate

**Definition:** The patient's respiratory rate expressed as a number per minute.

Field Values: Up to 3 numeric digits

• Not Applicable

• Not Recorded

• Exam Finding Not Present

Refused

• Unable to Complete

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Respiratory Effort

**Definition:** The patient's respiratory effort.

**Field Values:** Single select menu with the following options:

- Apneic
- Labored
- Mechanically Assisted (BVM, CPAP, etc.)
- Normal
- Rapid
- Shallow
- Weak/Agonal

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## End Tidal Carbon Dioxide (ETCO<sup>2</sup>)

**Definition:** The numeric value of the patient's exhaled end tidal carbon dioxide (ETCO<sup>2</sup>) level measured as a unit of pressure in millimeters of mercury (mmHg).

Field Values: Up to 3 numeric digits

- Not Applicable
- Not Recorded
- Unable to Complete
- Refused

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Blood Glucose Level

**Definition:** The patient's blood glucose level.

Field Values: Up to 3 numeric digits

• Not Applicable

• Not Recorded

• Unable to Complete

Refused

**Additional Information:** For glucometers with "High" and "Low" readings, report "600" for "High" and "20" for "Low".

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Glasgow Coma Score-Eye

**Definition:** The patient's Glasgow Coma Score Eye opening.

Field Values: Single select menu with the following options:

- No eye movement when assessed (All Age Groups)
- Opens Eyes to painful stimulation (All Age Groups)
- Opens Eyes to verbal stimulation (All Age Groups)
- Opens Eyes spontaneously (All Age Groups)
- Not Applicable
- Not Recorded
- Unable to Complete
- Refused

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## Glasgow Coma Score-Verbal

**Definition:** The patient's Glasgow Coma Score Verbal.

**Field Values:** Single select menu with the following options:

- No verbal/vocal response (All Age Groups)
- Incomprehensible sounds (>2 Years); Inconsolable, agitated
- Inappropriate words (>2 Years); Inconsistently consolable, moaning
- Confused (>2 Years); Cries but is consolable, inappropriate interactions
- Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts
- Not Applicable
- Not Recorded
- Unable to Complete
- Refused

#### **Additional Information:**

| Inclusion Entity | Required Data |       |
|------------------|---------------|-------|
|                  | Element       | Field |
| State            | No            | Yes   |
| NEMSIS           | No            | Yes   |

**State Validation Score: 1** 

## Glasgow Coma Score-Motor

**Definition:** The patient's Glasgow Coma Score Motor.

**Field Values:** Single select menu with the following options:

- No Motor Response (All Age Groups)
- Extension to pain (All Age Groups)
- Flexion to pain (All Age Groups)
- Withdrawal from pain (All Age Groups)
- Localizing pain (All Age Groups)
- Obeys commands (>2Years); Appropriate response to stimulation
- Not Applicable
- Not Recorded
- Unable to Complete
- Refused

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Glasgow Coma Score-Qualifier

**Definition:** The patient's Glasgow Coma Score Qualifier.

**Field Values:** Single select menu with the following options:

- Eye Obstruction Prevents Eye Assessment
- Initial GCS has legitimate values without interventions such as intubation and sedation
- Patient Chemically Paralyzed
- Patient Chemically Sedated
- Patient Intubated
- Not Applicable
- Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

# Total Glasgow Coma Score

**Definition:** The patient's total Glasgow Coma Score.

**Field Values:** Score is auto-calculated but can be manually edited.

Not Applicable

Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score:** 1

# Level of Responsiveness (AVPU)

**Definition:** The patient's highest level of responsiveness.

**Field Values:** Single select menu with the following options:

- Alert
- Verbal
- Painful
- Unresponsive
- Not Applicable
- Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### **Pain Scale Score**

**Definition:** The patient's indication of pain from a scale of 0-10.

Field Values: Up to 3 numeric digits

Not Applicable

Not Recorded

• Unable to Complete

Refused

**Additional Information:** The Pain Score can be obtained from several pain measurement tools or pain scale types (eVitals.28). The pain scale type used should have a numeric value associated with each diagram as appropriate. If the pain scale type utilizes multiple indicators/categories the total should be calculated and entered for the pain score associated with the patient assessment.

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### **Stroke Scale Score**

**Definition:** The findings or results of the Stroke Scale Type (eVitals.30) used to assess the patient exhibiting stroke-like symptoms.

**Field Values:** Single select menu with the following options:

- Negative
- Non-Conclusive
- Positive
- Not Applicable
- Not Recorded
- Unable to Complete
- Refused

### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## **Stroke Scale Type**

**Definition:** The type of stroke scale used.

**Field Values:** Single select menu with the following options:

- Cincinnati
- Los Angeles
- Massachusetts
- Miami Emergency Neurologic Deficit (MEND)
- NIH
- Other Stroke Scale Type
- F.A.S.T. Exam
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **Reperfusion Checklist**

**Definition:** The results of the patient's Reperfusion Checklist for potential Thrombolysis use.

Field Values: Single select menu with the following options:

- Definite Contraindications to Thrombolytic Use
- No Contraindications to Thrombolytic Use
- Possible Contraindications to Thrombolytic Use
- Not Applicable
- Not Recorded
- Unable to Complete
- Refused

**Additional Information:** Name changed from Thrombolytic Screen.

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# **Protocols**



# **Date/Time of Assessment**

**Definition:** The date/time of the assessment.

Field Values: Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300

### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eExam.03

### Protocols Used

**Definition:** The protocol used by EMS personnel to direct the clinical care of the patient.

Field Values: Multi-select menu with the following options:

- Airway
- Airway-Failed
- Airway-Obstruction/Foreign Body
- Airway-Rapid Sequence Induction (RSI-Paralytic)
- Airway-Sedation Assisted (Non-Paralytic)
- Cardiac Arrest-Asystole
- Cardiac Arrest-Hypothermia-Therapeutic
- Cardiac Arrest-Pulseless Electrical Activity
- Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia
- Cardiac Arrest-Post Resuscitation Care
- Environmental-Altitude Sickness
- Environmental-Cold Exposure
- Environmental-Frostbite/Cold Injury
- Environmental-Heat Exposure/Exhaustion
- Environmental-Heat Stroke/Hyperthermia
- Environmental-Hypothermia
- Exposure-Airway/Inhalation Irritants
- Exposure-Biological/Infectious
- Exposure-Blistering Agents
- Exposure-Chemicals to Eye
- Exposure-Cyanide
- Exposure-Explosive/ Blast Injury
- Exposure-Nerve Agents
- Exposure-Radiologic Agents
- General-Back Pain
- General-Behavioral/Patient Restraint
- General-Cardiac Arrest
- General-Dental Problems
- General-Epistaxis
- General-Fever
- General-Individualized Patient Protocol
- General-Indwelling Medical Devices/Equipment
- General-IV Access
- General-Medical Device Malfunction
- General-Pain Control
- General-Spinal Immobilization/Clearance
- General-Universal Patient Care/ Initial Patient Contact
- Injury-Amputation

- Injury-Bites and Envenomations-Land
- Injury-Bites and Envenomations-Marine
- Injury-Bleeding/ Hemorrhage Control
- Injury-Burns-Thermal
- Injury-Cardiac Arrest
- Injury-Crush Syndrome
- Injury-Diving Emergencies
- Injury-Drowning/Near Drowning
- Injury-Electrical Injuries
- Injury-Extremity
- Injury-Eye
- Injury-Head
- Injury-Impaled Object
- Injury-Multisystem
- Injury-Spinal Cord
- Medical-Abdominal Pain
- Medical-Allergic Reaction/Anaphylaxis
- Medical-Altered Mental Status
- Medical-Bradycardia
- Medical-Cardiac Chest Pain
- Medical-Diarrhea
- Medical-Hyperglycemia
- Medical-Hypertension
- Medical-Hypoglycemia/Diabetic Emergency
- Medical-Hypotension/Shock (Non-Trauma)
- Medical-Influenza-Like Illness/ Upper Respiratory Infection
- Medical-Nausea/Vomiting
- Medical-Newborn/ Neonatal Resuscitation
- General-Overdose/Poisoning/Toxic Ingestion
- Medical-Pulmonary Edema/CHF
- Medical-Respiratory Distress/Asthma/COPD/Reactive Airway
- Medical-Seizure
- Medical-ST-Elevation Myocardial Infarction (STEMI)
- Medical-Stroke/TIA
- Medical-Supraventricular Tachycardia (Including Atrial Fibrillation)
- Medical-Syncope
- Medical-Ventricular Tachycardia (With Pulse)
- Not Done
- OB/GYN-Childbirth/Labor/Delivery
- OB/GYN-Eclampsia
- OB/GYN-Gynecologic Emergencies
- OB/GYN-Pregnancy Related Emergencies
- OB/GYN-Post-partum Hemorrhage

- Other
- Exposure-Carbon Monoxide
- Cardiac Arrest-Do Not Resuscitate
- Cardiac Arrest-Special Resuscitation Orders
- Exposure-Smoke Inhalation
- General-Community Paramedicine / Mobile Integrated Healthcare
- General-Exception Protocol
- General-Extended Care Guidelines
- General-Interfacility Transfers
- General-Law Enforcement Blood for Legal Purposes
- General-Law Enforcement Assist with Law Enforcement Activity
- General-Neglect or Abuse Suspected
- General-Refusal of Care
- Injury-Mass/Multiple Casualties
- Injury-Thoracic
- Medical-Adrenal Insufficiency
- Medical-Apparent Life Threatening Event (ALTE)
- Medical-Tachycardia
- Cardiac Arrest-Determination of Death / Withholding Resuscitative Efforts
- Injury-Conducted Electrical Weapon (e.g., Taser)
- Injury-Facial Trauma
- Injury-General Trauma Management
- Injury-Lightning/Lightning Strike
- Injury-SCUBA Injury/Accidents
- Injury-Topical Chemical Burn
- Medical-Beta Blocker Poisoning/Overdose
- Medical-Calcium Channel Blocker Poisoning/Overdose
- Medical-Opioid Poisoning/Overdose
- Medical-Respiratory Distress-Bronchiolitis
- Medical-Respiratory Distress-Croup
- Medical-Stimulant Poisoning/Overdose
- Not Applicable
- Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score:** 1

ImageTrend Data Element Tag: eProtocols.01



# **Protocol Age Category**

**Definition:** The age group the protocol is written to address

**Field Values:** Single select menu with the following options:

Adult Only

General

Pediatric Only

• Not Applicable

Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eProtocols.02

# **Medications**



# **Date/Time Medication Administered**

**Definition:** The date/time medication administered to the patient.

Field Values: Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300

Not Applicable

Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## **Medication Administered Prior to this EMS Provider Crew's Care**

**Definition:** Indicates that the medication administration which is documented was administered prior to this EMS Provider Crews care.

**Field Values:** Single select menu with the following options:

- No
- Yes
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### **Medication Given**

**Definition:** The medication given to the patient.

Field Values: Relevant field value for the data element

- Contraindication Noted
- Denied By Order
- Medication Allergy
- Medication Already Taken
- Refused
- Unable to Complete
- Not Applicable
- Not Recorded

### **Additional Information:**

- More than one medication may be entered for a patient
- A partial or full search string for the medication can be used to retrieve name

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### **Medication Administered Route**

**Definition:** The route medication was administered to the patient

Field Values: Single select menu with the following options:

- Blow-By
- Buccal
- Endotracheal Tube (ET)
- Gastrostomy Tube
- Inhalation
- Intraarterial
- Intradermal
- Intramuscular (IM)
- Intranasal
- Intraocular
- Intraosseous (IO)
- Intravenous (IV)
- Nasal Cannula
- Nasogastric
- Nasotracheal Tube
- Non-Rebreather Mask
- Ophthalmic
- Oral
- Other/miscellaneous
- Otic
- Re-breather mask
- Rectal
- Subcutaneous
- Sublingual
- Topical
- Tracheostomy
- Transdermal
- Urethral
- Ventimask
- Wound
- Portacath

### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score:** 1



# **Medication Dosage**

**Definition:** The dose or amount of the medication given to the patient.

Field Values: Up to 10 numeric digits and 3 numeric digits following the decimal point

Not Applicable

Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **Medication Dosage Units**

**Definition:** The unit of medication dosage given to patient

**Field Values:** Single select menu with the following options:

- Grams (gms)
- Inches (in)
- International Units (IU)
- Keep Vein Open (kvo)
- Liters (I)
- Liters Per Minute (I/min [fluid])
- Metered Dose (MDI)
- Micrograms (mcg)
- Micrograms per Kilogram per Minute (mcg/kg/min)
- Milliequivalents (mEq)
- Milligrams (mg)
- Milligrams per Kilogram Per Minute (mg/kg/min)
- Milliliters (ml)
- Milliliters per Hour (ml/hr)
- Other
- Centimeters (cm)
- Drops (gtts)
- Liters Per Minute (LPM [gas])
- Micrograms per Minute (mcg/min)
- Milligrams per Kilogram (mg/kg)
- Milligrams per Minute (mg/min)
- Puffs
- Units per Hour (units/hr)
- Micrograms per Kilogram (mcg/kg)
- Units
- Units per Kilogram per Hour (units/kg/hr)
- Units per Kilogram (units/kg)
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score:** 1



# Response to Medication

**Definition:** The patient's response to the medication.

**Field Values:** Single select menu with the following options:

- Improved
- Unchanged
- Worse
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## **Medication Complication**

**Definition:** Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS.

**Field Values:** Multi-select menu with the following options:

- Altered Mental Status
- Apnea
- Bleeding
- Bradycardia
- Bradypnea
- Diarrhea
- Extravasation
- Hypertension
- Hyperthermia
- Hypotension
- Hypothermia
- Hypoxia
- Injury
- Nausea
- None
- Other
- Respiratory Distress
- Tachycardia
- Tachypnea
- Vomiting
- Itching
- Urticaria
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

# Medication Crew (Healthcare Professionals) ID

**Definition:** The statewide assigned ID number of the EMS crew member giving the treatment to the patient

Field Values: Multi-select menu of responder names and certification

- Not Applicable
- Not Recorded
- Not Reporting

### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## Role/Type of Person Administering Medication

**Definition:** The type (level) of EMS or Healthcare Professional Administering the Medication. For medications administered prior to EMS arrival, this may be a non-EMS healthcare professional.

Field Values: Single select menu with the following options:

- Advanced Emergency Medical Technician (AEMT)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Paramedic
- Other Healthcare Professional
- Other Non-Healthcare Professional
- Physician
- Student
- Critical Care Paramedic
- Community Paramedicine
- Nurse Practitioner
- Physician Assistant
- Licensed Practical Nurse (LPN)
- Registered Nurse
- Not Applicable
- Not Recorded
- Not Reporting

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

State Validation Score: 1

# **Procedures**



# Date/Time Procedure Performed

**Definition:** The date/time the procedure was performed on the patient.

Field Values: Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300

• Not Applicable

• Not Recorded

### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eProcedures.01

## Procedure

**Definition:** The procedure performed on the patient.

Field Values: Relevant field value for the data element

- Contraindication Noted
- Denied By Order
- Refused
- Unable to Complete
- Not Applicable
- Not Recorded

### **Additional Information:**

- More than one procedure may be entered for a patient
- A partial or full search string for the procedure can be used to retrieve name.

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eProcedures.03

## Number of Procedure Attempts

**Definition:** The number of attempts taken to complete a procedure or intervention regardless of success.

Field Values: Numeric value between 1 and 10

Not Applicable

Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

### Procedure Successful

**Definition:** Indicates that this individual procedure attempt which was performed on the patient was successful.

Field Values: Single select menu with the following options:

- No
- Yes
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### **Procedure Complication**

**Definition:** Any complication (abnormal effect on the patient) associated with the performance of the procedure on the patient.

**Field Values:** Multi-select menu with the following options:

- Altered Mental Status
- Apnea
- Bleeding
- Bradypnea
- Diarrhea
- Esophageal Intubation-immediately
- Esophageal Intubation-other
- Extravasation
- Hypertension
- Hyperthermia
- Hypotension
- Hypothermia
- Hypoxia
- Injury
- Nausea
- None
- Other
- Respiratory Distress
- Tachycardia
- Tachypnea
- Vomiting
- Bradycardia
- Itching
- Urticaria
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 



## Response to Procedure

**Definition:** The patient's response to the procedure.

Field Values: Single select menu with the following options:

Improved

Unchanged

Worse

Not Applicable

• Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

### Procedure Crew Members ID

**Definition:** The statewide assigned ID number of the EMS crew member performing the procedure on the patient.

Field Values: Multi-select menu of responder names and certification

- Not Applicable
- Not Recorded
- Not Reporting

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### Role/Type of Person Performing the Procedure

**Definition:** The type (level) of EMS or Healthcare Professional performing the procedure. For procedures performed prior to EMS arrival, this may be a non-EMS healthcare professional.

Field Values: Single select menu with the following options:

- Advanced Emergency Medical Technician (AEMT)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Paramedic
- Other Healthcare Professional
- Other Non-Healthcare Professional
- Physician
- Student
- Critical Care Paramedic
- Community Paramedicine
- Nurse Practitioner
- Physician Assistant
- Licensed Practical Nurse (LPN)
- Registered Nurse
- Not Applicable
- Not Recorded
- Not Reporting

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

#### Vascular Access Location

**Definition:** The location of the vascular access site attempt on the patient, if applicable.

Field Values: Single select menu with the following options:

- Antecubital-Left
- Antecubital-Right
- External Jugular-Left
- External Jugular-Right
- Femoral-Left IV
- Femoral-Right IV
- Foot-Right
- Foot-Left
- Forearm-Left
- Forearm-Right
- Hand-Left
- Hand-Right
- Internal Jugular-Left
- Internal Jugular-Right
- IO-Iliac Crest-Left
- IO-Iliac Crest-Right
- IO-Femoral-Left Distal
- IO-Femoral-Right Distal
- IO-Humeral-Left
- IO-Humeral-Right
- IO-Tibia-Left Distal
- IO-Sternum
- IO-Tibia-Right Distal
- IO-Tibia-Left Proximal
- IO-Tibia-Right Proximal
- Lower Extremity-Left
- Lower Extremity-Right
- Other Peripheral
- Other Central (PICC, Portacath, etc.)
- Scalp
- Subclavian-Left
- Subclavian-Right
- Umbilical
- Venous Cutdown-Left Lower Extremity
- Venous Cutdown-Right Lower Extremity
- Upper Arm-Left
- Upper Arm-Right
- Radial-Left

- Radial-Right
- Not Applicable
- Not Recorded
- Not Reporting

**Additional Information:** This is now associated with the Date/Time of the procedure and therefore changed to single choice. This allows the location to be documented with each procedure and attempt. If the vascular access has been established prior to EMS, this should be documented as such.

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### Airway Device Being Confirmed

**Definition:** The airway device in which placement is being confirmed.

**Field Values:** Single select menu with the following options:

- Cricothyrotomy Tube
- Endotracheal Tube
- Other-Invasive Airway
- SAD-Combitube
- SAD-King
- SAD-LMA
- SAD-Other
- Tracheostomy Tube
- Not Applicable
- Not Recorded
- Not Reporting

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eAirway.03

### Suspected Reasons for Failed Airway Management

**Definition:** The reason(s) the airway was unable to be successfully managed.

**Field Values:** Single select menu with the following options:

- Difficult Patient Airway Anatomy
- ETI Attempted, but Arrived At Destination Facility Before Accomplished
- Facial or Oral Trauma
- Inability to Expose Vocal Cords
- Inadequate Patient Relaxation/Presence of Protective Airway Reflexes
- Jaw Clenched (Trismus)
- Other
- Poor Patient Access
- Secretions/Blood/Vomit
- Unable to Position or Access Patient

#### Additional Information:

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

ImageTrend Data Element Tag: eAirway.09

# Disposition



## Destination/Transferred To, Name

**Definition:** The destination the patient was delivered or transferred to.

Field Values: Single select menu of facility list

Not Applicable

Not Recorded

Not Reporting

Additional Information: Populated from the list in dFacility.02 (Facility Name)

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

## Destination/Transferred To, Code

**Definition:** The code of the destination the patient was delivered or transferred to.

Field Values: Code is auto-populated from list of facilities

• Not Applicable

Not Recorded

Not Reporting

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

### **Destination State**

**Definition:** The state of the destination the patient was delivered or transferred to.

Field Values: State is auto-populated from list of facilities

Not Applicable

• Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### **Destination County**

**Definition:** The destination county in which the patient was delivered or transferred to.

Field Values: County is auto-populated from list of facilities

Not Applicable

• Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### **Destination ZIP Code**

**Definition:** The destination ZIP code in which the patient was delivered or transferred to.

**Field Values:** ZIP Code is auto-populated from list of facilities

Not Applicable

• Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## Number of Patients Transported

**Definition:** The number of patients transported.

Field Values: Numeric value between 1 and 100

Not Applicable

Not Recorded

Not Reporting

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### **Incident/Patient Disposition**

**Definition:** Type of disposition treatment and/or transport of the patient.

Field Values: Single select menu with the following options:

- Assist, Program
- Assist, Public
- Assist, EMS Provider Crew
- Canceled (Prior to Arrival At Scene)
- Canceled on Scene (No Patient Contact)
- Canceled on Scene (No Patient Found)
- Patient Dead at Scene-No Resuscitation Attempted (With Transport)
- Patient Dead at Scene-No Resuscitation Attempted (Without Transport)
- Patient Dead at Scene-Resuscitation Attempted (With Transport)
- Patient Dead at Scene-Resuscitation Attempted (Without Transport)
- Patient Evaluated, No Treatment/Transport Required
- Patient Refused Evaluation/Care (With Transport)
- Patient Refused Evaluation/Care (Without Transport)
- Patient Treated, Released (AMA)
- Patient Treated, Released (per protocol)
- Patient Treated, Transferred Care to Another Program
- Patient Treated, Transported
- Patient Treated, Transported by Law Enforcement
- Patient Treated, Transported by Private Vehicle
- Standby-No Services or Support Provided
- Standby-Public Safety, Fire, or EMS Operational Support Provided
- Transport Non-Patient, Organs, etc.

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score:** 5

### How Patient Was Moved to Ambulance

**Definition:** The method the patient was moved to the ambulance from the scene

Field Values: Single select menu with the following options:

- Assisted/Walk
- Backboard
- Chair
- Carried
- Other
- Stairchair
- Stretcher
- Wheelchair

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

### Position of Patient During Transport

**Definition:** The position of the patient during transport from the scene

Field Values: Multi-select menu with the following options:

- Car Seat
- Fowlers (Semi-Upright Sitting)
- Lateral Left
- Lateral Right
- Other
- Prone
- Semi-Fowlers
- Sitting
- Supine
- Trendelenburg

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### **EMS Transport Method**

**Definition:** Transport method used.

Field Values: Single select menu with the following options:

- Air Medical-Fixed Wing
- Air Medical-Rotor Craft
- Ground-Ambulance
- Ground-ATV or Rescue Vehicle
- Ground-Bariatric
- Ground-Other Not Listed
- Ground-Mass Casualty Bus/Vehicle
- Ground-Wheelchair Van
- Water-Boat
- Not Applicable
- Not Recorded

**Additional Information:** Required if the patient is transported by EMS.

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

### Transport Mode from Scene

**Definition:** Indication whether the transport was emergent or non-emergent.

**Field Values:** Single select menu with the following options:

- Emergent (Immediate Response)
- Emergent Downgraded to Non-Emergent
- Non-Emergent
- Non-Emergent Upgraded to Emergent
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

### Additional Transport Mode Descriptors

**Definition:** The documentation of transport mode techniques for this EMS response.

Field Values: Multi-select menu with the following options:

- Intersection Navigation-Against Normal Light Patterns
- Intersection Navigation-With Automated Light Changing Technology
- Intersection Navigation-With Normal Light Patterns
- Speed-Enhanced per Local Policy
- Speed-Normal Traffic
- Lights and Sirens
- Lights and No Sirens
- No Lights or Sirens
- Initial No Lights or Sirens, Upgraded to Lights and Sirens
- Initial Lights and Sirens, Downgraded to No Lights or Sirens
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

### **Final Patient Acuity**

**Definition:** The acuity of the patient's condition after EMS care.

Field Values: Single select menu with the following options:

- Critical (Red)
- Emergent (Yellow)
- Lower Acuity (Green)
- Dead without Resuscitation Efforts (Black)
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

### **Reason for Choosing Destination**

**Definition:** The reason the EMS Provider Crew chose to deliver or transfer the patient to the destination

Field Values: Multi-select menu with the following options:

- Closest Facility
- Diversion
- Family Choice
- Insurance Status/Requirement
- Law Enforcement Choice
- On-Line/On-Scene Medical Direction
- Other
- Patient's Choice
- Patient's Physician's Choice
- Protocol
- Regional Specialty Center
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | <b>Required Data</b> | Validated |
|------------------|----------------------|-----------|
|                  | Element              | Field     |
| State            | No                   | Yes       |
| NEMSIS           | No                   | Yes       |

**State Validation Score: 1** 

### Type of Destination

**Definition:** The type of destination the patient was delivered or transferred to.

Field Values: Single select menu with the following options:

- Home
- Hospital-Emergency Department
- Hospital-Non-Emergency Department Bed
- Medical Office/Clinic
- Morgue/Mortuary
- Nursing Home/Assisted Living Facility
- Other
- Other EMS Responder (air)
- Other EMS Responder (ground)
- Police/Jail
- Urgent Care
- Freestanding Emergency Department
- Not Applicable
- Not Recorded

Additional Information: Required if Patient Transported by EMS

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | No            | Yes       |
| NEMSIS           | No            | Yes       |

**State Validation Score: 1** 

#### Destination Team Pre-Arrival Alert or Activation

**Definition:** Indication that an alert (or activation) was called by EMS to the appropriate destination healthcare facility team. The alert (or activation) should occur prior to the arrival at the destination with the patient.

**Field Values:** Single select menu with the following options:

- No
- Yes-Adult Trauma
- Yes-Cardiac Arrest
- Yes-Obstetrics
- Yes-Other
- Yes-Pediatric Trauma
- Yes-STEMI
- Yes-Stroke
- Yes-Trauma (General)
- Not Applicable
- Not Recorded

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### Date/Time of Destination Prearrival Alert or Activation

**Definition:** The Date/Time EMS alerted, notified, or activated the Destination Healthcare Facility prior to EMS arrival. The EMS assessment identified the patient as acutely ill or injured based on exam and possibly specified alert criteria.

Field Values: Enter Month / Day / Year, example 12 / 25 / 1903. Military time, examples: 0900 or 1300

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## Crew Member Completing This Report

**Definition:** The Iowa EMS certification number of the EMS crew member which completed this patient care report

Field Values: Auto-populated from list of crew members

Not Reporting

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

### **EMS Service Transferred to Name**

**Definition:** The EMS Service Patient was Transferred To.

**Field Values:** EMS Service is auto-populated from list of services

• Not Reporting

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | No                       | Yes                |
| NEMSIS           | No                       | Yes                |

**State Validation Score: 1** 

## Record



### **Patient Care Report Number**

**Definition:** The unique number automatically assigned by the EMS Program for each Patient Care Report (PCR). This should be a unique number for the EMS Program for all of time.

Field Values: Between 3 and 50 characters in length

#### **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score:** NA

### **Software Creator**

**Definition:** The name of the vendor, manufacturer, and developer who designed the application that created this record.

Field Values: Between 3 and 50 characters in length

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score:** NA

### **Software Name**

**Definition:** The name of the application used to create this record.

Field Values: Between 3 and 50 characters in length

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score: NA** 

### **Software Version**

**Definition:** The version of the application used to create this record.

Field Values: Between 3 and 50 characters in length

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score: NA** 

# **EMS Program Unique State ID**

**Definition:** The unique ID assigned to the EMS Program which is associated with all state licensure

numbers and information

Field Values: Between 3 and 50 characters in length

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score:** NA

# **EMS Program Number**

**Definition:** The state-assigned provider number of the responding agency

Field Values: Between 1 and 15 characters in length

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score: NA** 

# **EMS Program State**

**Definition:** The state/territory which assigned the EMS program number

Field Values: 2 Digit Numerical Value

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score:** NA

# **EMS Program Service Area States**

**Definition:** The states in which the EMS Program provides services including the state associated with the EMS Program Number.

Field Values: 2 Digit Numerical Value

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score:** NA

# **EMS Program Service Area Counties**

**Definition:** The county(ies) within each state for which the EMS program formally provides service.

Field Values: Between 0 and 255 characters in length

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score:** NA

## **Primary Type of Service**

**Definition:** The primary service type provided by the EMS program

Field Values: Single select menu with the following options:

- 911 Response (Scene) with Transport Capability
- 911 Response (Scene) without Transport Capability
- Air Medical
- ALS Intercept
- Hazmat
- Medical Transport (Convalescent, Interfacility Transfer Hospital and Nursing Home)
- Rescue
- Community Paramedicine
- Critical Care (Ground)

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score: NA** 

## **Level of Service**

**Definition:** The level of service which the EMS program provides care for every request for service (the minimum certification level). This may be the license level granted by the state EMS office.

Field Values: Single select menu with the following options:

- Advanced Emergency Medical Technician (AEMT)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Paramedic
- First Responder
- Critical Care Paramedic
- Nurse Practitioner
- Community Paramedicine
- Physician Assistant
- Licensed Practical Nurse (LPN)
- Registered Nurse

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

State Validation Score: NA

# **Organization Status**

**Definition:** The primary organizational status of the program. The definition of Volunteer or Non-Volunteer is based on state or local definitions.

Field Values: Single select menu with the following options:

- Mixed
- Non-Volunteer
- Volunteer

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score:** NA

# **Organizational Type**

**Definition:** The organizational structure from which EMS services are delivered (fire, hospital, county, etc.)

Field Values: Single select menu with the following options:

- Fire Department
- Governmental, Non-Fire
- Hospital
- Private, Nonhospital
- Tribal

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score: NA** 

## **EMS Program Organizational Tax Status**

**Definition:** The EMS Programs business/corporate organizational tax status

**Field Values:** Single select menu with the following options:

• For Profit

• Other (e.g., Government)

Not For Profit

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score:** NA

## **Statistical Calendar Year**

**Definition:** The calendar year to which the information pertains for the EMS Program and the specific EMS Program Number (dAgency.02).

Field Values: 4 Digit Year Format

## **Additional Information:**

| Inclusion Entity | Required Data |       |
|------------------|---------------|-------|
|                  | Element       | Field |
| State            | Yes           | Yes   |
| NEMSIS           | Yes           | Yes   |

**State Validation Score:** NA

# **State Associated with the Certification/Licensure Levels**

**Definition:** The state associated with the state certification/licensure levels

Field Values: 2 Digit Numerical Value

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score:** NA

## **State Certification/Licensure Levels**

**Definition:** All of the potential levels of certification/licensure for EMS personnel recognized by the state

#### **Field Values:**

- Advanced Emergency Medical Technician (AEMT)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Paramedic
- Other Healthcare Professional
- Other Non-Healthcare Professional
- Physician
- Student
- Critical Care Paramedic
- Community Paramedicine
- Nurse Practitioner
- Physician Assistant
- Licensed Practical Nurse (LPN)
- Registered Nurse

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score: NA** 

## **EMS Certification Levels Permitted to Perform Each Procedure**

**Definition:** EMS certification levels which are permitted to perform the procedure listed in dConfiguration.07.

#### **Field Values:**

- Advanced Emergency Medical Technician (AEMT)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Paramedic
- Other Healthcare Professional
- Other Non-Healthcare Professional
- Physician
- Student
- Critical Care Paramedic
- Community Paramedicine
- Nurse Practitioner
- Physician Assistant
- Licensed Practical Nurse (LPN)
- Registered Nurse

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score: NA** 

# **EMS Program Procedures**

**Definition:** A list of all procedures that the program has implemented and available for use by any/all EMS certification levels.

Field Values: Relevant field value for the data element

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score: NA** 

## **EMS Certification Levels Permitted to Administer Each Medication**

**Definition:** All EMS certification levels which are permitted to administer the medications listed in dConfiguration.09 (EMS Program Medications).

#### **Field Values:**

- Advanced Emergency Medical Technician (AEMT)
- Emergency Medical Responder (EMR)
- Emergency Medical Technician (EMT)
- Paramedic
- Other Healthcare Professional
- Other Non-Healthcare Professional
- Physician
- Student
- Critical Care Paramedic
- Community Paramedicine
- Nurse Practitioner
- Physician Assistant
- Licensed Practical Nurse (LPN)
- Registered Nurse

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score: NA** 

# **EMS Program Medications**

**Definition:** A list of all medications the agency has implemented and have available for use

Field Values: Relevant field value for the data element

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score:** NA

## **EMS Program Protocols**

**Definition:** A list of all of the EMS field protocols that the program has in place and available for use.

#### **Field Values:**

- Airway
- Airway-Failed
- Airway-Obstruction/Foreign Body
- Airway-Rapid Sequence Induction (RSI-Paralytic)
- Airway-Sedation Assisted (Non-Paralytic)
- Cardiac Arrest-Asystole
- Cardiac Arrest-Hypothermia-Therapeutic
- Cardiac Arrest-Pulseless Electrical Activity
- Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia
- Cardiac Arrest-Post Resuscitation Care
- Environmental-Altitude Sickness
- Environmental-Cold Exposure
- Environmental-Frostbite/Cold Injury
- Environmental-Heat Exposure/Exhaustion
- Environmental-Heat Stroke/Hyperthermia
- Environmental-Hypothermia
- Exposure-Airway/Inhalation Irritants
- Exposure-Biological/Infectious
- Exposure-Blistering Agents
- Exposure-Chemicals to Eye
- Exposure-Cyanide
- Exposure-Explosive/ Blast Injury
- Exposure-Nerve Agents
- Exposure-Radiologic Agents
- General-Back Pain
- General-Behavioral/Patient Restraint
- General-Cardiac Arrest
- General-Dental Problems
- General-Epistaxis
- General-Fever
- General-Individualized Patient Protocol
- General-Indwelling Medical Devices/Equipment
- General-IV Access
- General-Medical Device Malfunction
- General-Pain Control
- General-Spinal Immobilization/Clearance
- General-Universal Patient Care/ Initial Patient Contact

- Injury-Amputation
- Injury-Bites and Envenomations-Land
- Injury-Bites and Envenomations-Marine
- Injury-Bleeding/ Hemorrhage Control
- Injury-Burns-Thermal
- Injury-Cardiac Arrest
- Injury-Crush Syndrome
- Injury-Diving Emergencies
- Injury-Drowning/Near Drowning
- Injury-Electrical Injuries
- Injury-Extremity
- Injury-Eye
- Injury-Head
- Injury-Impaled Object
- Injury-Multisystem
- Injury-Spinal Cord
- Medical-Abdominal Pain
- Medical-Allergic Reaction/Anaphylaxis
- Medical-Altered Mental Status
- Medical-Bradycardia
- Medical-Cardiac Chest Pain
- Medical-Diarrhea
- Medical-Hyperglycemia
- Medical-Hypertension
- Medical-Hypoglycemia/Diabetic Emergency
- Medical-Hypotension/Shock (Non-Trauma)
- Medical-Influenza-Like Illness/ Upper Respiratory Infection
- Medical-Nausea/Vomiting
- Medical-Newborn/ Neonatal Resuscitation
- General-Overdose/Poisoning/Toxic Ingestion
- Medical-Pulmonary Edema/CHF
- Medical-Respiratory Distress/Asthma/COPD/Reactive Airway
- Medical-Seizure
- Medical-ST-Elevation Myocardial Infarction (STEMI)
- Medical-Stroke/TIA
- Medical-Supraventricular Tachycardia (Including Atrial Fibrillation)
- Medical-Syncope
- Medical-Ventricular Tachycardia (With Pulse)
- OB/GYN-Childbirth/Labor/Delivery
- OB/GYN-Eclampsia
- OB/GYN-Gynecologic Emergencies
- OB/GYN-Pregnancy Related Emergencies
- OB/GYN-Post-partum Hemorrhage

- Other
- Exposure-Carbon Monoxide
- Cardiac Arrest-Do Not Resuscitate
- Cardiac Arrest-Special Resuscitation Orders
- Exposure-Smoke Inhalation
- General-Community Paramedicine / Mobile Integrated Healthcare
- General-Exception Protocol
- General-Extended Care Guidelines
- General-Interfacility Transfers
- General-Law Enforcement Blood for Legal Purposes
- General-Law Enforcement Assist with Law Enforcement Activity
- General-Neglect or Abuse Suspected
- General-Refusal of Care
- Injury-Mass/Multiple Casualties
- Injury-Thoracic
- Medical-Adrenal Insufficiency
- Medical-Apparent Life Threatening Event (ALTE)
- Medical-Tachycardia
- Cardiac Arrest-Determination of Death / Withholding Resuscitative Efforts
- Injury-Conducted Electrical Weapon (e.g., Taser)
- Injury-Facial Trauma
- Injury-General Trauma Management
- Injury-Lightning/Lightning Strike
- Injury-SCUBA Injury/Accidents
- Injury-Topical Chemical Burn
- Medical-Beta Blocker Poisoning/Overdose
- Medical-Calcium Channel Blocker Poisoning/Overdose
- Medical-Opioid Poisoning/Overdose
- Medical-Respiratory Distress-Bronchiolitis
- Medical-Respiratory Distress-Croup
- Medical-Stimulant Poisoning/Overdose

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score:** NA

## **EMS Program Specialty Service Capability**

**Definition:** Special training or services provided by the EMS Program and available to the EMS area/community

#### **Field Values:**

- Air Rescue
- CBRNE
- Community Health Medicine
- Disaster Medical Assistance Team (DMAT)
- Disaster Mortuary (DMORT)
- Dive Rescue
- Farm Rescue
- High Angle Rescue
- Machinery Disentanglement
- None
- Ski / Snow Rescue
- Tactical EMS
- Urban Search and Rescue (USAR)
- Vehicle Extrication
- Veterinary Medical Assistance Team (VMAT)
- Water or Ice Related Rescue (Incl Swift Water)
- Wilderness Search and Rescue

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score: NA** 

## **Emergency Medical Dispatch (EMD) Provided to EMS Program Service Area**

**Definition:** Indication as to whether Emergency Medical Dispatch is provided to the EMS Program's service area.

#### **Field Values:**

- No
- Yes, 100% of the EMS Program's Service Area
- Yes, Less than 100% of the EMS Program's Service Area

## **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

**State Validation Score:** NA

# **Patient Monitoring Capability(ies)**

**Definition:** The EMS Program's patient monitoring capability which can be provided to any/all patients presenting to EMS.

#### **Field Values:**

- Capnography-Numeric
- Capnography-Waveform
- ECG-12 Lead or Greater
- ECG-Less than 12 Lead (Cardiac Monitor)
- Oximetry-Carbon Monoxide
- Oximetry-Oxygen
- Pressure Measurement-Invasive (Arterial, CVP, Swan, etc.)
- Pressure Measurement-Non-Invasive (Blood Pressure, etc.)
- Ventilator-Transport
- Vital Sign Monitoring

#### **Additional Information:**

| Inclusion Entity | Required Data<br>Element | Validated<br>Field |
|------------------|--------------------------|--------------------|
|                  | Element                  | rieid              |
| State            | Yes                      | Yes                |
| NEMSIS           | Yes                      | Yes                |

State Validation Score: NA

# **Crew Call Sign**

**Definition:** The EMS crew call sign used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies

• Field Values: Up to 50 character text length

## **Additional Information:**

| Inclusion Entity | Required Data | Validated |
|------------------|---------------|-----------|
|                  | Element       | Field     |
| State            | Yes           | Yes       |
| NEMSIS           | Yes           | Yes       |

**State Validation Score: NA**